Austin, Texas 78711-2070

1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

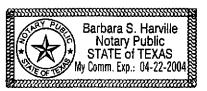
FORM C/OH COVER SHEET PG 1

		· · · · · · · · · · · · · · · · · · ·	
The C/OH Instruction Gui	DEEXPlains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 Total pages this report: 69
3 CANDIDATE / OFFICEHOLDER	TITLE FIRST Ms. Ada	MI	OFFICE USE ONLY
NAME			Date Received
1	NICKNAME LAST	SUFFIX	
	Edwards		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP GODE /	Y Production H
OFFICEHOLDER ADDRESS	P.O. Box 667307	(\$\frac{1}{2}	15 2000 00
Change of Address	Houston TX 77266-7307		Date Hand delivered of Date Postmarked
	TITLE FIRST	Mi	¥\`\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
5 CAMPAIGN TREASURER	TITLE FIRST Ms. Monica	ten	9
NAME	Wis.		Receipt 61 Armount
	NICKNAME LAST	SUFFIX	Date Processed
'	Lamb		Date Imaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE#; CITY; STATE;	ZIP CODE
TREASURER ADDRESS	P.O. Box 667307		
(Residence or business)			
:	Houston TX 77266-7307	<u> </u>	
7 CAMPAIGN	AREA CODE PHONE NUMBER .	EXTENSION	
TREASURER PHONE	(713) 523-1762 ————————————————————————————————————		
8 REPORT TYPE	January 15 30th day before election	on Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15 Bth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD	Month Day Year	Month Day	Year
COVERED	01/01/2002	06/30/20	002
10 ELECTION	ELECTION DATE ELECTION 1	TYPE	
	Month Day Year Prima	ry Runolf X	General Special
	11/06/0001		
11 OFFICE	OFFICE HELD (il any) City Council, District D	12 OFFICE SOUGHT (Il know City Council, Distric	n) pt D
13 DIRECT	Direct campaign expenditures are campaign expenditures.	expenditures made by others without the c	candidate's prior consent or approval.
CAMPAIGN EXPENDITURE	Candidates are required to disclose this informatio	n only if they receive notification of the dir	ect campaign expenditure.
BY OTHER	Name		
\	Address/PO Box; Apt. / Suite #; City; State;	Zip Code	<u> </u>
addional pages	1		
	GO TO	PAGE 2	
			(Elfective 12/16/199

OFFICEUAL DE	B BEBART.
OTALS	R REPORT:
	OFFICEHOLDEI OTALS

FORM C/OH COVER SHEET PG 2

C/OH NAME Ms. Ada Edwards	·		ACCOUNT # (Ethics Commission filers)
NOTICE FROM	l have been made With	es political expenditures by political committees to support the candidate out the candidate's or officeholder's knowledge or consent. Candidates are y receive notice of such expenditures.	e / officeholder. These expenditures may and officeholders are required to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
	1		
7 NO REPORTABLE ACTIVITY	Check here if no	reportable activity occured during this reporting period. (Sign aflidavid below and sub	omit pages 1 and 2 only.)
ACTIVITY	Check here il no	reportable activity occured during this reporting period. (Sign aflidavid below and sub POLITICAL CONTRIBUTIONS OF S50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	smit pages 1 and 2 only.)
ACTIVITY B CONTRIBUTION	1. TOTAL PLEDG	CONTRIBUTIONS OF SEA OR LESS (OTHER THAN	
ACTIVITY 8 CONTRIBUTION	1. TOTAL PLEDG 2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
8 CONTRIBUTION TOTALS	1. TOTAL PLEDG 2. TOTAL (OTHE) 3. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00 \$ 75,547.00



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Swarn to and subscribed before me, by the said ADA J. EDWARDS

, to certify which, witness my hand and seal of office.

exas Ethics Com	mission	P.O. Box 12070	Austin, Texas 78711-20	70 (512) 463	3-5800 1-800-325-8506
		TRIBUTIONS EDGES OR L	OANS	(FOR I	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	Guide explain	s how to complete this	form.	1 Total pages this sched	iule A1: 35
2 FILER NAME	::	Ada Edward	ds	3 ACCOUNT # (Ethics C	comission filers)
4 Date 1/11/2002	5 Full Name (Herman Va	cca	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	To the same of the		5763		
9 Principal C	occupation (C	Optional):	10 Employe	er (Optional):	
4 Date 1/11/2002	5 Full Name	of Contributor: orporation PAC	□oul of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
•	6 Contributor	Address: City, State	e, Zip Code		
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 1/11/2002	1	of Contributor: e Political Action Co	out of state PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
	6 Contributor	Address: City, State	e, Zip Code		
9 Principal (Occupation (Optional):	10 Employ	er (Optional):	
4 Date 1/11/2002	5 Full Name Christus N	of Contributor: Powell	aut of state PAC	7 Amount of contribution (\$): \$2,000.00	8 In kind contribution (if applicable) :
	6 Contributor	r Address: City, Stat	e, Zip Code		
9 Principal (Occupation (Optional):	10 Employ	ver (Optional):	
4 Date 1/14/2002	5 Full Name Darryl B. C	of Contributor: arter	Out of state PAC	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable) :
	6 Contributo	r Address: City, Stat	e, Zip Code		
9 Principal (Occupation (Optional):	10 Employ	er (Optional):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	3	(FOR	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		1 Total pages this sched	tule A1: 35
2 FILER NAME	Ada Edwards		3 ACCOUNT # (Ethics C	Comission filers)
4 Date 1/15/2002	Andrews & Kurth, LLP 6 Contributor Address: City, State, Z	out of state PAC Zip Code	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
9 Principal C	occupation (Optional):	10 Employe	r (Optional):	
4 Date 1/16/2002	Locke Liddell & Sapp LLP 6 Contributor Address: City, State,	Out of state PAC	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 1/16/2002	Jeffery Bricker 6 Contributor Address: City State	Out of state PAC	7 Amount of contribution (\$): \$125.00	8 In kind contribution (if applicable):
9 Principal C	Decupation (Optional):	10 Employe	er (Optional):	
4 Date 1/17/2002	5 Full Name of Contributor: Roland Garcia 6 Contributor Address: City, State,	out of state PAC	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 1/17/2002	5 Full Name of Contributor; Linebarger Goggan Blair Graham Pena 6 Contributor Address: City, State,	out of state PAC Sampson Zip Code	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal (Occupation (Optional):	10 Employ	er (Optional):	

9 Principal Occupation (Optional):

P.O. Box 12070 POLITICAL CONTRIBUTIONS SCHEDULE A1 OTHER THAN PLEDGES OR LOANS (FOR FORMS C/OH and SPAC) 1 Total pages this schedule A1: 35 The Instruction Gulde explains how to complete this form. 3 ACCOUNT # (Ethics Comission filers) Ada Edwards 2 FILER NAME: out of state PAC 7 Amount of 8 In kind 5 Full Name of Contributor: 4 Date contribution contribution (\$): Robert R Fretz (if applicable): 1/18/2002 \$250.00 6 Contributor Address: Zip Code City, State, 10 Employer (Optional): 9 Principal Occupation (Optional): out of state PAC 7 Amount of 8 In kind 5 Full Name of Contributor: 4 Date contribution contribution (\$): Jane Bass Page (if applicable): 1/23/2002 \$250.00 City, State, Zip_Code 6 Contributor Address: 10 Employer (Optional): 9 Principal Occupation (Optional): out of state PAC 7 Amount of 8 In kind 5 Full Name of Contributor: 4 Date contribution contribution (\$): Continental Airlines Inc. Employee Fund for a Bett (if applicable): 1/23/2002 \$1,000.00 Zip Code 6 Contributor Address: City, State, 10 Employer (Optional): 9 Principal Occupation (Optional): out of state PAC 7 Amount of 8 In kind 5 Full Name of Contributor: 4 Date contribution (\$): contribution H-CAR PAC (if applicable): 1/24/2002 \$500.00 Zip Code City, State, 6 Contributor Address: 13130 Cullen Blud 10 Employer (Optional): 9 Principal Occupation (Optional): ut of state PAC 7 Amount of 8 In kind 5 Full Name of Contributor: 4 Date contribution contribution (\$): Stephen E. Benys (if applicable): 1/24/2002 \$100.00 City, State, Zip Code 6 Contributor Address:

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

10 Employer (Optional):

	AL CONTRIBUTIONS HAN PLEDGES OR LOAN	S	(FOR F	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		1 Total pages this sched	ule A1: 35
2 FILER NAME: Ada Edwards			3 ACCOUNT # (Ethics C	omission filers)
4 Date 1/24/2002	5 Full Name of Contributor: Jeanette H. Rash 6 Contributor Address: City, State,	Out of state PAC	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable) :
9 Principal O	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 1/24/2002	5 Full Name of Contributor: Dudly Smith 6 Contributor Address; City, State.	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal C	occupation (Optional):	10 Employe	er (Optional):	
4 Date 1/24/2002	5 Full Name of Contributor: Carol A. Walker 6 Contributor Address: City, State,	Out of state PAC	7 Amount of contribution (\$):	B In kind contribution (if applicable):
9 Principal C	 Decupation (Optional):	10 Employ	er (Optional):	
4 Date 1/28/2002	5 Full Name of Contributor: Albert Luna 6 Contributor Address: City, State,	□out of state PAC Zip Code	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
9 Principal 0	Occupation (Optional):	10 Employ	er (Optional):	
4 Date 1/28/2002	5 Full Name of Contributor: Ned S. Holmes 6 Contributor Address: City, State,	□ out of state PAC	7 Amount of contribution (\$): \$250.00	8 in kind contribution (if applicable) :
9 Principal (Occupation (Optional):	10 Employ	yer (Optional):	

Texas Ethics Commission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A1

<u> </u>		<u></u>	(FOR I	FUHMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		1 Total pages this sched	ule A1: 35
2 FILER NAME	: Ada Edwards		3 ACCOUNT # (Ethics C	Comission filers)
4 Date 1/30/2002	Stephan Fairfield	Out of state PAC	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
9 Principal C	occupation (Optional):	10 Employe	er (Optional):	
4 Date 1/30/2002	5 Full Name of Contributor: John W. Peavy	out of state PAC	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable) :
9 Principal C	6 Contributor Address: City, State, Occupation (Optional):	Zip Code	er (Optional):]
		10 Employe	or (Optional).	· · · · · · · · · · · · · · · · · · ·
4 Date 1/30/2002	5 Full Name of Contributor: Ricky Kamins	Out of state PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code		
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 1/30/2002	5 Full Name of Contributor: Billy Burge	out of state PAC	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code		
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 1/30/2002	5 Full Name of Contributor: Jack Drake	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State	Zin Code		
9 Principal (Occupation (Optional):	10 Employe	er (Optional):	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

9 Principal Occupation (Optional):

POLITICAL CONTRIBUTIONS **SCHEDULE A1** OTHER THAN PLEDGES OR LOANS (FOR FORMS C/OH and SPAC) The Instruction Guide explains how to complete this form. 1 Total pages this schedule A1: 35 Ada Edwards 2 FILER NAME: 3 ACCOUNT # (Ethics Comission filers) 5 Full Name of Contributor: out of state PAC 4 Date 8 In kind 7 Amount of contribution (\$): contribution Chris K. Wilmot 1/30/2002 (if applicable): \$250.00 6 Contributor Adds 9 Principal Occupation (Optional): 10 Employer (Optional): Out of state PAC 5 Full Name of Contributor: 4 Date 7 Amount of 8 In kind contribution (\$): contribution Gerald E. Wilson 1/30/2002 (if applicable): \$500.00 6 Contributor Address: Zip Code 9 Principal Occupation (Optional): 10 Employer (Optional): 5 Full Name of Contributor: out of state PAC 4 Date 7 Amount of 8 In kind contribution (\$): contribution Kefelegne Tesfaye 1/30/2002 (if applicable): \$1,000.00 6 Contributor Address: City, State, Zip Code 9 Principal Occupation (Optional): 10 Employer (Optional): Out of state PAC 4 Date 5 Full Name of Contributor: 7 Amount of 8 In kind contribution (\$): contribution **Alvin I Thomas** 1/30/2002 (if applicable): \$100.00 6 Contributor Address: City, State, Zip Code 9 Principal Occupation (Optional): 10 Employer (Optional): Quit of state PAC 4 Date 5 Full Name of Contributor: 7 Amount of 8 In kind contribution (\$): contribution Patricia K. Joiner 1/30/2002 (if applicable): \$500.00 Zip Code 6 Contributor Address: City State

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

10 Employer (Optional):

_	AL CONTRIBUTIONS THAN PLEDGES OR LOAN	IS	(FOF	SCHEDULE A1 R FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		1 Total pages this sche	edule A1: 35
2 FILER NAME	Ada Edwards		3 ACCOUNT # (Ethics	Comission filers)
4 Date 1/30/2002	5 Full Name of Contributor: George H. Purvis 6 Contributor Address: City. State.	□out of state PAC Zip Code	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employe	r (Optional):	
4 Date 1/30/2002	5 Full Name of Contributor: Antoinette Jackson 6 Contributor Address: City, State.	out of state PAC	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :
9 Principal C	occupation (Optional):	10 Employe	r (Optional):	
4 Date 1/30/2002	5 Full Name of Contributor: Walter H Criner 6 Contributor Address: City, State,	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal C	occupation (Optional):	10 Employe	r (Optional):	
4 Date 1/30/2002	5 Full Name of Contributor: James W Gustafson 6 Contributor Address: City, State,	Out of state PAC	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
9 Principal C	occupation (Optional):	10 Employe	r (Optional):	
4 Date 1/30/2002	5 Full Name of Contributor: Edwin C. Friedrichs 6 Contributor Address: City, State,	Oul of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal O	eccupation (Optional):	10 Employe	r (Optional):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS	(FOR	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		1 Total pages this sched	dule A1: 35
2 FILER NAME	: Ada Edwards		3 ACCOUNT # (Ethics (Comission filers)
4 Date 1/30/2002	5 Full Name of Contributor: Gerald M. Brady	Out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
i	6 Contributor Address: City, State,	Zip Code		
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 1/30/2002	5 Full Name of Contributor: Mark Boyer	out of state PAC	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip C <u>ode</u>		
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 1/30/2002	5 Full Name of Contributor: W. D. Davis	Out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code	4,00000	
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 1/30/2002	5 Full Name of Contributor: Ed Gonzales	Out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code	\$100.00	
9 Principal C	Decupation (Optional):	10 Employe	er (Optional):	
4 Date 1/30/2002	5 Full Name of Contributor: William H. White	out of state PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code		
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS		(FOR	SCHEDULE A1 FORMS C/OH and SPAC)
The instruction	Guide explains how to complete this form.	1 T	otal pages this sched	lule A1: 35
2 FILER NAME	Ada Edwards	3 A	CCOUNT # (Ethics C	comission filers)
4 Date 1/30/2002	5 Full Name of Contributor: Out of state PAC Sherry Lee Applewhite		7 Amount of contribution (\$):	8 In kind contribution (if applicable):
4	6 Contributor Address: City, State. Zip Code			
9 Principal C	Occupation (Optional): 10 Employ	er (Op	tional):	
4 Date 1/30/2002	5 Full Name of Contributor: Out of state PAC Cheryi L. Dotson		7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
•	6 Contributor Address: City, State. Zip Code		-	;
9 Principal C	Occupation (Optional): 10 Employ	er (Op	otional):	
4 Date 1/30/2002	5 Full Name of Contributor: Texas Association of Realtors PAC 6 Contributor Address: City, State, Zip Code		7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional): 10 Employ	er (Op	otional):	
4 Date 1/30/2002	5 Full Name of Contributor: Out of state PAC Houston Associated General Contractor 6 Contributor Address: City, State, Zip Code		7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
•				
9 Principal C	Occupation (Optional): 10 Employ	er (Op	otional):	
4 Date 1/30/2002	5 Full Name of Contributor: Out of state PAC 3D/I PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State Zin Code			;
9 Principal C	Occupation (Optional): 10 Employ	er (Op	otional):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOAN	IS	(FOR	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		1 Total pages this sche	dule A1: 35
2 FILER NAME	Ada Edwards		3 ACCOUNT # (Ethics (Comission filers)
4 Date 1/30/2002	5 Full Name of Contributor: Halliburton Company Political Action Contributor Address: City, State,	Oout of state PAC Committee (HA Zip Code	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employe	r (Optional):	<u> </u>
4 Date 1/30/2002	5 Full Name of Contributor: Home-PAC (Greater Houston Bldrs Ass 6 Contributor Address: City, State,	out of state PAC SOC) Zip Code	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	r (Optional):	1
4 Date 1/30/2002	5 Full Name of Contributor: Algenita Scott Davis 6 Contributor Address: City, State,	out of state PAC	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employe	r (Optional):	
4 Date 1/30/2002	5 Full Name of Contributor: Charles D. Gooden 6 Contributor Address: City, State,	Out of slate PAC Zip Code	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employe	r (Optional):	J
4 Date 1/30/2002	5 Full Name of Contributor: Sherif Mohamed 6 Contributor Address: City, State,	out of state PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
9 Principal C	Decupation (Optional):	10 Employe	er (Optional):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS	(FOF	SCHEDULE A1
The Instruction	Guide explains how to complete this form.		1 Total pages this sche	edule A1: 35
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics	Comission filers)	
4 Date 1/30/2002	5 Full Name of Contributor: Willie J. Alexander 6 Contributor Address: City, State,	out of state PAC	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 1/30/2002	5 Full Name of Contributor: Outdoor PAC 6 Contributor Address: City. State.	□out of state PAC Zip Code	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 2/1/2002	5 Full Name of Contributor: Reliant Energy Political Action Commi 6 Contributor Address: City, State,	out of state PAC	7 Amount of contribution (\$): \$1,500.00	8 In kind contribution (if applicable) :
Principal C	Occupation (Optional):	10 Employe	er (Optional):	
1 Date 2/1/2002	5 Full Name of Contributor: Terry Cheng 6 Contributor Address: City, State,	out of state PAC	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
Principal O	occupation (Optional):	10 Employe	r (Optional):	
Date 2/1/2002	5 Full Name of Contributor: Vinson & Elkins Texas Political Action 6 Contributor Address: City, State,	Committee Zip Code	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
Principal O	ccupation (Optional):	10 Employe	r (Optional):	

	CAL CONTRIBUTIONS THAN PLEDGES OR LO	ANS	(FC	SCHEDULE A	
The instruction	n Guide explains how to complete this for	rm.	1 Total pages this sci	hedule A1: 35	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethic	s Comission filers)		
4 Date 2/1/2002	5 Full Name of Contributor: Nancy Mahaffay	out of state PAC	7 Amount of contribution (\$)	(if applicable) ·	
	6 Contributor Address: City, State, Zig		#200.00		
9 Principal (Occupation (Optional):	10 Employe	er (Optional):		
4 Date 2/4/2002	Plumbers Local Union No. 68 PAC		7 Amount of contribution (\$) \$1,000.00	(if applicable)	
•	6 Contributor Address: City, State,	Zip Code			
9 Principal (Occupation (Optional):	10 Employe	er (Optional):		
4 Date 2/5/2002	5 Full Name of Contributor: Mike Garver	oul of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :	
	6 Contributor Address: City, State,	Zip Code	,		
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):		
4 Date 2/6/2002	5 Full Name of Contributor: Bobby V.P. Singh	□ out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :	
	6 Contributor Address: City, State,	Zip Code			
Principal C	Occupation (Optional):	10 Employe	er (Optional):		
Date 2/6/2002	5 Full Name of Contributor: Turner Collie & Braden PAC	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :	
	6 Contributor Address: City, State,	Zip Code	\$500.00		
Principal O	Ccupation (Optional):	10 Employe	or (Optional):	<u> </u>	

1	AL CONTRIBUTIONS THAN PLEDGES OR LOAN	NS		(FOR	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		1 To	tal pages this sche	dule A1: 35
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Comission filers)		Comission filers)	
4 Date 2/6/2002	5 Full Name of Contributor: Daniel T Brooks 6 Contributor Address: City, State.	out of state PAC		7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	r (Opt	ional):	
4 Date 2/6/2002	5 Full Name of Contributor: Harlon Brooks 6 Contributor Address: City, State,	out of state PAC		7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employer	r (Opt	ional):	
4 Date 2/11/2002	5 Full Name of Contributor: Mayer Brown & Platt 6 Contributor Address: City, State,	out of state PAC		7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
9 Principal C	occupation (Optional):	10 Employer	(Opti	onal):	
4 Date 2/11/2002	5 Full Name of Contributor: Texas Coalition for Good Government 6 Contributor Address: City, State,	out of state PAC		7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
9 Principal O	occupation (Optional):	10 Employer	(Opti	onal):	
4 Date 2/12/2002	5 Full Name of Contributor: Halff Associates State PAC 6 Contributor Address: City, State,	Out of state PAC		7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
9 Principal O	ccupation (Optional):	10 Employer	(Opti	onal):	<u> </u>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS		(SCHEDULE A1 FOR FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		1 Total pages this schedule A1: 35	
2 FILER NAME	FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Comission filers)	
4 Date 2/13/2002	Bracewell & Patterson Committee	out of state PAC	7 Amount of contribution (\$1,000.6	(\$): contribution
9 Principal C	occupation (Optional):	10 Employe	r (Optional):	
4 Date 2/13/2002	David F. Martinez	Oout of state PAC	7 Amount of contribution ((\$): contribution
9 Principal C	Occupation (Optional):	10 Employe	r (Optional):	
4 Date 2/13/2002	Lawrence W Hill	out of state PAC	7 Amount of contribution \$100.4	(\$): contribution
9 Principal C	Occupation (Optional):	10 Employe	r (Optional):	
4 Date 2/13/2002	James J Smith	out of state PAC	7 Amount of contribution \$100.	(\$): contribution
9 Principal C	Occupation (Optional):	10 Employe	r (Optional):	
4 Date 2/25/2002	Clinton F Wong 6 Contributor Address: City, State, Zip	Out of state PAC	7 Amount of contribution \$1,000.0	(\$): contribution
9 Principal C	occupation (Optional):		r (Optional):	

	AL CONTRIBUTIONS HAN PLEDGES OR LOAN	IS	(FOR I	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction (Guide explains how to complete this form.		1 Total pages this sched	ule A1: 35
2 FILER NAME:	Ada Edwards		3 ACCOUNT # (Ethics C	omission filers)
4 Date 2/26/2002	5 Full Name of Contributor: Winstead Sechrest & Minick PAC 6 Contributor Address: City, State,	Oul of state PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
9 Principal O	ccupation (Optional):	10 Employe	er (Optional):	
4 Date 3/1/2002	5 Full Name of Contributor: CDMPAC 6 Contributor Address: City, State.	□out of state PAC Zin Code	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
9 Principal O	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 3/1/2002	5 Full Name of Contributor: Richard W. Weekley 6 Contributor Address: City, State,	out of state PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 3/4/2002	5 Full Name of Contributor: Edmond D. Wulfe 6 Contributor Address: City, State,	out of state PAC	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employ	er (Optional):	
4 Date 3/4/2002	5 Full Name of Contributor: Ann Lents 6 Contributor Address: City. State	Out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal (Occupation (Optional):	10 Employ	ver (Optional):	<u> </u>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS		(FOR I	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		Total pages this schedule A1: 35 ACCOUNT # (Ethics Comission filers)	
2 FILER NAME	Ada Edwards			
4 Date 3/4/2002	Claire D. Phillips	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employe	r (Optional):	
4 Date 3/6/2002	Scott R. Rubenstein	□out of stale PAC	7 Amount of contribution (\$): \$1,250.00	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employe	r (Optional):	,
4 Date 3/11/2002	Darryl B. Carter	out of state PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
9 Principal (Occupation (Optional):	10 Employe	er (Optional):	
4 Date 3/15/2002	5 Full Name of Contributor: M. Associates of Houston 6 Contributor Address: City, State, Zi	out of state PAC	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
9 Principal (Occupation (Optional):	10 Employe	er (Optional):	
4 Date 3/20/2002	5 Full Name of Contributor: Arthur L. Schechter	out of state PAC	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Z	ip Code		
9 Principal (Occupation (Optional):	10 Employe	er (Optional):	

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POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE A1

HAN PLEDGES OR LOANS	.	(FOR F	FORMS C/OH and SPAC)	
Guide explains how to complete this form.		1 Total pages this sched	ule A1: 35	
Ada Edwards		3 ACCOUNT # (Ethics C	s Comission filers)	
Robert O. Wilbur	out of state PAC	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable) :	
ccupation (Optional):	10 Employe	r (Optional):	1	
5 Full Name of Contributor: Pamela R. Auburn 6 Contributor Address: City, State,	Oul of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :	
occupation (Optional):	10 Employe	er (Optional):		
5 Full Name of Contributor: Timothy J O'Brien	Out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :	
6 Contributor Address: City, State,	Zip Code		<u> </u>	
Occupation (Optional):	10 Employe	er (Optional):		
5 Full Name of Contributor: Darryl B. Carter	Oul of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):	
6 Contributor Address: City, State,	Zip Code		 	
Occupation (Optional):	10 Employe	er (Optional):		
5 Full Name of Contributor: Lennard M. Tenende	Out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :	
6 Contributor Address: City, State,	Zip Code			
Occupation (Optional):	10 Employe	er (Optional):		
	Ada Edwards 5 Full Name of Contributor: Robert O. Wilbur 6 Contributor Address: City, State, Ccupation (Optional): 5 Full Name of Contributor: Pamela R. Auburn 6 Contributor Address: City, State, Ccupation (Optional): 5 Full Name of Contributor: Timothy J O'Brien 6 Contributor Address: City, State, Ccupation (Optional): 5 Full Name of Contributor: Timothy J O'Brien 6 Contributor Address: City, State, Ccupation (Optional): 5 Full Name of Contributor: Darryl B. Carter 6 Contributor Address: City, State, Ccupation (Optional):	Guide explains how to complete this form. Ada Edwards 5 Full Name of Contributor: Robert O. Wilbur 6 Contributor Address: City, State, Zip Code Ccupation (Optional): 5 Full Name of Contributor: Pamela R. Auburn 6 Contributor Address: City, State, Zip Code Ccupation (Optional): 5 Full Name of Contributor: Timothy J O'Brien 6 Contributor Address: City, State, Zip Code Ccupation (Optional): 10 Employe Docupation (Optional): 10 Employe Ccupation (Optiona	Ada Edwards Ada Edwards S Full Name of Contributor: Robert O. Wilbur 6 Contributor Address: City, State, Zip Code Coupation (Optional): 10 Employer (Optional): 5 Full Name of Contributor: Pamela R. Auburn 6 Contributor Address: City, State, Zip Code Coupation (Optional): 10 Employer (Optional): 5 Full Name of Contributor: Pamela R. Auburn 6 Contributor Address: City, State, Zip Code Coupation (Optional): 10 Employer (Optional): 5 Full Name of Contributor: Timothy J O'Brien 6 Contributor Address: City, State, Zip Code Coupation (Optional): 10 Employer (Optional): 5 Full Name of Contributor: Timothy J O'Brien 6 Contributor Address: City, State, Zip Code Coupation (Optional): 10 Employer (Optional): 5 Full Name of Contributor: Darryl B. Carter 6 Contributor Address: City, State, Zip Code Coupation (Optional): 10 Employer (Optional): 7 Amount of contributor: Darryl B. Carter 8 S500.00 Coupation (Optional): 10 Employer (Optional): 7 Amount of contributor (\$): S500.00 Coupation (Optional): 5 Full Name of Contributor: Darryl B. Carter 6 Contributor Address: City, State, Zip Code Coupation (Optional): 7 Amount of contributor: Contributor Address: City, State, Zip Code Coupation (Optional): 5 Full Name of Contributor: Contributor Address: City, State, Zip Code	

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	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	S	(FOR	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		1 Total pages this sche	dule A1: 35
2 FILER NAME: Ada Edwards			3 ACCOUNT # (Ethics	Comission filers)
4 Date 3/24/2002	5 Full Name of Contributor: Rupert E. Hazle	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
•	6 Contributor Address: City, State,	Zip Code		
9 Principal C	occupation (Optional):	10 Employe	r (Optional):	
4 Date 3/24/2002	5 Full Name of Contributor: Darryl B. Carter	out of state PAC	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code		
9 Principal Occupation (Optional): 10		10 Employe	r (Optional):	
4 Date 3/25/2002	5 Full Name of Contributor: Charles C Foster	out of state PAC	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code		
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 3/25/2002	5 Full Name of Contributor: Jane Bass Page	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code		
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 3/26/2002	5 Full Name of Contributor: Bobby E Glenn	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code		
9 Principal Occupation (Optional): 10		10 Employe	er (Optional):	·

9 Principal Occupation (Optional):

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	SCHEDULE A1 (FOR FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.	1 Total pages this schedule A1: 35
2 FILER NAME	Ada Edwards	3 ACCOUNT # (Ethics Comission filers)
4 Date 3/26/2002	5 Full Name of Contributor: Out of state PAC Lawrence Kagan 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$100.00 8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional): 10 Employe	r (Optional):
4 Date 3/26/2002	5 Full Name of Contributor: Ooul of state PAC David P. Mohle 6 Contributor Address: City, State, Zip Code	7 Amount of 8 In kind contribution (\$): (if applicable):
	o continuous Address. Dity, diate, 2ip code	
9 Principal C	Occupation (Optional): 10 Employe	er (Optional):
4 Date 3/27/2002	5 Full Name of Contributor: Out of state PAC Herman T. Pipkins	7 Amount of 8 In kind contribution (\$): contribution (if applicable):
	6 Contributor Address: City, State, Zip Code	
9 Principal C	Occupation (Optional): 10 Employe	er (Optional):
4 Date 3/27/2002	5 Full Name of Contributor: Out of state PAC David H. Sadeghpour	7 Amount of contribution (\$): \$250.00 8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zio Code	
9 Principal C	Occupation (Optional): 10 Employe	er (Optional):
4 Date 3/27/2002	5 Full Name of Contributor: Out of state PAC Joan C. Edwards	7 Amount of contribution (\$): 8 In kind contribution (\$): (if applicable):
	6 Contributor Address: City, State, Zip Code	

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10 Employer (Optional):

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	6	(FOR	SCHEDULE A1 FORMS C/OH and SPAC)
The instruction	Guide explains how to complete this form.		1 Total pages this schedule A1: 35	
2 FILER NAME: Ada Edwards			3 ACCOUNT # (Ethics Comission filers)	
4 Date 3/27/2002	John N. Barnhart	out of state PAC	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable) :
9 Principal C	occupation (Optional):	10 Employe	r (Optional):	
4 Date 3/27/2002	Paul J Nelson	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employe	r (Optional):	
4 Date 3/27/2002	Wendell A Robbins	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employe	r (Optional):	1
4 Date 3/27/2002	David Stone Interior Design	out of state PAC	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employe	r (Optional):	
4 Date 3/27/2002	5 Full Name of Contributor: Brooks Ballard Interest	out of stale PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code		
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	

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Texas Ethics Commission

	AL CONTRIBUTIONS THAN PLEDGES OR LOAD	NS	(FOR	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		1 Total pages this sched	dule A1: 35
2 FILER NAME	2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics 0	Comission filers)
4 Date 3/28/2002	5 Full Name of Contributor: Debra S. Brashears 6 Contributor Address: City, State,	out of state PAC Zip Code	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	r (Optional):	
4 Date 3/29/2002	5 Full Name of Contributor: Michael T. Critelli	Out of state PAC	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
•	6 Contributor Address: City State	Zin Code		[
9 Principal (Occupation (Optional):	10 Employe	er (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: Frank Pierce	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code		
9 Principal (Occupation (Optional):	10 Employe	er (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: Don Sowell	out of state PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
•	6 Contributor Address: City, State,	Zip Code		
9 Principal (Occupation (Optional):	10 Employe	er (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: Marqus A Brogan	Cut of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
•	6 Contributor Address: City, State,	Zip Code		
9 Principal (Occupation (Optional):	10 Employe	er (Optional):	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

1-800-325-8506

OLITICA OTHER TI	L CONTRIBUTIONS HAN PLEDGES OR LOA	NS	(FOR F	SCHEDULE A1 FORMS C/OH and SPAC)
he instruction (Guide explains how to complete this form		1 Total pages this schedu	ule A1: 35
FILER NAME:	Ada Edwards		3 ACCOUNT # (Ethics Comission filers	
Daio	 5 Full Name of Contributor: Richard E Pinnock 6 Contributor Address: City, State, 	□oul of state PAC Zip Code	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
Principal O	ccupation (Optional):	10 Employe	er (Optional):	
Date 4/4/2002	5 Full Name of Contributor: W. D. Davis 6 Contributor Address: City, State,	Dout of state PAC	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
Principal O	occupation (Optional):	10 Employ	er (Optional):	
Date 4/4/2002	5 Full Name of Contributor: R Vincent Hamilton 6 Contributor Address: City, State,	□out of state PAC Zip Code	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
Principal C	Occupation (Optional):	10 Employ	ver (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: Roy L Owens 6 Contributor Address: City, State,	□out of state PAC Zip Code	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable) :
9 Principal (Occupation (Optional):	10 Employ	yer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: Barbara Sklar 6 Contributor Address: City, State,	out of state PAC Zip Code	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal (Occupation (Optional):		yer (Optional):	

exas Ethics Com	mission P.O. Box 12070	Austin, Texas 78711-207	70 (512) 463	3-5800 1-80 <u>0-325-8506</u>
	AL CONTRIBUTIONS HAN PLEDGES OR LO	DANS	(FOR I	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this	form.	1 Total pages this sched	ule A1: 35
2 FILER NAME	: Ada Edward	ls	3 ACCOUNT # (Ethics Comission filers	
4 Date 4/4/2002	5 Full Name of Contributor: David L Collins	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
í	6 Contributor Address: City, State	, Zip Codé		\ \
9 Principal C	occupation (Optional):	10 Employe	r (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: Madeleine G. Appel	Out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
4	6 Contributor Address: City, State	e, Zip Code		
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: Charles Rencher	out of state PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State	e, Zip Code	<u> </u>	
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: Borris Miles	out of state PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, Stat	e, Zip Code		
9 Principal (Occupation (Optional):	10 Employ	er (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: David L Edwards	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	6 Contributor Address: City, Stat	e. Zip Code		

9 Principal Occupation (Optional):

10 Employer (Optional):

	AL CONTRIBUTIONS THAN PLEDGES OR LOAN	IS		(FOR I	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		1 Tot	tal pages this sched	lule A1: 35
2 FILER NAME	Ada Edwards		з АС	COUNT # (Ethics C	Cornission filers)
4 Date 4/4/2002	5 Full Name of Contributor: John S. Chase	out of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
4	6 Contributor Address: City, State,	Zip Code			
9 Principal C	Occupation (Optional):	10 Employe	er (Opti	ional):	i
4 Date 4/4/2002	5 Full Name of Contributor: Deandre M Sam	out of state PAC		7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
4	6 Contributor Address: City, State,	Zip Code		<i>4</i> ,,	! -
9 Principal C	Occupation (Optional):	10 Employe	er (Opt	ional):	
4 Date 4/4/2002	5 Full Name of Contributor: Robert Stein	out of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
4	6 Contributor Address: City, State,	Zip Code		¥	!
9 Principal (Occupation (Optional):	10 Employe	er (Opt	ional):	
4 Date 4/4/2002	5 Full Name of Contributor: Simon R Wiltz	out of state PAC		7 Amount of contribution (\$): \$2,000.00	8 In kind contribution (if applicable):
,	6_Contributor Address: City, State,	Zip Code			
9 Principal (Occupation (Optional):	10 Employe	er (Opt	ional):	•
4 Date 4/4/2002	5 Full Name of Contributor: Coats, Rose Political Action Committee	5 Full Name of Contributor: Out of state PAC Coats, Rose Political Action Committee		7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code			
9 Principal (Occupation (Optional):	10 Employe	er (Opt	tional):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOAD	NS	(Fe	SCHEDULE A1 OR FORMS C/OH and SPAC)		
The Instruction	Guide explains how to complete this form.		1 Total pages this so	hedule A1: 35		
2 FILER NAME	Ada Edwards		3 ACCOUNT # (Ethi	cs Comission filers)		
4 Date 4/4/2002			7 Amount of contribution (\$ \$1,000.00	/if applicable) ·		
(6 Contributor Address: City State	Zip Code				
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):			
4 Date 4/4/2002	Jarrett Reality and Appraisal Service		7 Amount of contribution (\$	(if applicable)		
	6 Contributor Address: City, State,	Zip Code				
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):			
4 Date 4/4/2002	5 Full Name of Contributor: Airport Express Management, LTD	Out of state PAC	7 Amount of contribution (\$ \$1,000.00	(if applicable)		
•	6 Contributor Address: City, State,	Zip Code				
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):			
4 Date 4/4/2002	5 Full Name of Contributor: PHCG Investments	out of stale PAC	7 Amount of contribution (\$	(if applicable)		
	6 Contributor Address: City, State,	Zip Code				
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):			
4 Date 4/4/2002	5 Full Name of Contributor: Outdoor PAC	□out of state PAC	7 Amount of contribution (\$ \$250.0	(if applicable):		
•	6 Contributor Address: City, State,	Zip Code				
9 Principal C	9 Principal Occupation (Optional): 10 Employer (Optional):					
	ATTACH ADDITIONAL C	OPIES OF THE	S FORM AS NEE	DED.		

	AL CONTRIBUTIONS THAN PLEDGES OR LOAN	IS	(FOR	SCHEDULE A1 FORMS C/OH and SPAC)	
The Instruction	Guide explains how to complete this form.		1 Total pages this schedule A1: 35		
2 FILER NAME	Ada Edwards		3 ACCOUNT # (Ethics	Comission filers)	
4 Date 4/4/2002	5 Full Name of Contributor: Pamella R Thorne 6 Contributor Address: City, State,	out of state PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :	
9 Principal C	occupation (Optional):	10 Employe	r (Optional):		
4 Date 4/4/2002	5 Full Name of Contributor: West Gulf Maritime Association PAC 6 Contributor Address: City, State,	out of state PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :	
9 Principal C	occupation (Optional):	10 Employe	r (Optional):		
4 Date 4/4/2002	5 Full Name of Contributor: Edward L Boswell 6 Contributor Address: City, State,	Cout of state PAC	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable) :	
9 Principal C	occupation (Optional):	10 Employe	r (Optional):		
4 Date 4/4/2002	5 Full Name of Contributor: Reddy Cypresswood, L.P. 6 Contributor Address: City, State,	out of state PAC	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable) :	
9 Principal C	occupation (Optional):	10 Employe	r (Optional):		
4 Date 4/4/2002	5 Full Name of Contributor: Waste Management PAC 6 Contributor Address: City, State	out of state PAC	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :	
9 Principal C	occupation (Optional):	10 Employe	r (Optional):		

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	AL CONTRIBUTIONS THAN PLEDGES OR LOA	NS		(FOR	SCHEDULE A1 FORMS C/OH and SPAC)	
The Instruction	Guide explains how to complete this form	1 Tot	otal pages this schedule A1: 35			
2 FILER NAME: Ada Edwards			3 ACCOUNT # (Ethics C		Comission filers)	
4 Date 4/4/2002	5 Full Name of Contributor: Lan PAC 6 Contributor Address: City, State,	□out of state PAC Zip Code		7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :	
9 Principal C	Occupation (Optional):	10 Employe	er (Opti	onal):		
4 Date 4/4/2002	5 Full Name of Contributor: Unallocated Misc. Cash Donations	□ out of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable) :	
,	6 Contributor Address: City, State,	Zip Code			 	
9 Principal C	Occupation (Optional):	10 Employe	er (Opti	ional):		
4 Date 4/4/2002	5 Full Name of Contributor: Orlando J. Teran	out of state PAC		7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable) :	
	6 Contributor Address: City, State,	Zip Code				
9 Principal (Decupation (Optional):	10 Employe	er (Opt	ional):		
4 Date 4/4/2002	5 Full Name of Contributor: Mike Garver	Out of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable) :	
	6 Contributor Address: City, State,	Zip Code				
9 Principal (Occupation (Optional):	10 Employe	er (Opt	ional):	1	
4 Date 4/4/2002	5 Full Name of Contributor: Walden & Associates	☐out of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable):	
i	6 Contributor Address: City, State,	Zip Code			[
9 Principal (Occupation (Optional):	10 Employ	er (Opt	ional):	·	

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS		SCHEDULE A1 (FOR FORMS C/OH and SPAC)		
The Instruction	Guide explains how to complete this form.		1 Total pages this s	schedule A1: 35	
2 FILER NAME	Ada Edwards		3 ACCOUNT # (Eth	nics Comission filers)	
4 Date 4/4/2002	5 Full Name of Contributor: Roland Garcia 6 Contributor Address: City, State, Zip C	nt of state PAC	7 Amount of contribution ((if applicable) :	
9 Principal C	Occupation (Optional):	0 Employe	r (Optional):		
4 Date 4/4/2002	5 Full Name of Contributor: Orange James Rodgers 6 Contributor Address: City, State, Zip C	ut of state PAC	7 Amount of contribution ((if applicable) :	
9 Principal C	Occupation (Optional):	0 Employe	r (Optional):		
4 Date 4/4/2002	5 Full Name of Contributor: Alex Morua 6 Contributor Address: City, State, Zip C	ut of state PAC	7 Amount of contribution \$25.6	(\$): contribution (if applicable):	
9 Principal C	Occupation (Optional):	0 Employe	r (Optional):		
4 Date 4/4/2002	Bob J Perry	ut of state PAC	7 Amount of contribution \$5,000.	(\$): contribution	
O Bringing!	Decupation (Optional):		or (Optional):	<u> </u>	
9 Principal C	Occupation (Optional):	0 Employe	er (Optional):		
4 Date 4/4/2002	Francelia Totty	ut of state PAC	7 Amount of contribution \$25.	(\$): contribution (if applicable):	
-	2 Companies Francisco. City, Citate, 22p				
9 Principal C	Occupation (Optional):	0 Employe	er (Optional):		

	AL CONTRIBUTIONS THAN PLEDGES OR LOAN	SCHEDULE A1 (FOR FORMS C/OH and SPAC)		
The Instruction	Guide explains how to complete this form.		1 Total pages this sched	ule A1: 35
2 FILER NAME	Ada Edwards		3 ACCOUNT # (Ethics C	comission filers)
4 Date 4/4/2002	5 Full Name of Contributor: Caliph Johnson 6 Contributor Address: City, State,	□out of state PAC Zip Code	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: R. J. Campo 6 Contributor Address: City, State,	out of state PAC Zip Code	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: Bette John 6 Contributor Address: City, State,	out of stale PAC Zip Code	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: Ronald E. Reynolds 6 Contributor Address: City, State,	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (If applicable) :
9 Principal (Occupation (Optional):	10 Employe	er (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: Era Land	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code		
9 Principal (Occupation (Optional):	10 Employe	er (Optional):	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

_	AL CONTRIBUTIONS THAN PLEDGES OR LOAN	S		(FOR	SCHEDULE A1 FORMS C/OH and SPAC)	
The Instruction	Guide explains how to complete this form.		1 To	1 Total pages this schedule A1: 35		
2 FILER NAM	E: Ada Edwards		3 AC	3 ACCOUNT # (Ethics Comission filers)		
4 Date 4/4/2002	5 Full Name of Contributor: Harrel & Morris Political Consultants 6 Contributor Address: City, State,	Out of state PAC		7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :	
9 Principal (Occupation (Optional):	10 Employe	r (Opti	ional):		
4 Date 4/4/2002	5 Full Name of Contributor: Cecelia Carroll-Williams 6 Contributor Address: City. State	out of state PAC	Již i	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable) :	
9 Principal (Occupation (Optional):	10 Employe	r (Opti	ional):		
4 Date 4/4/2002	5 Full Name of Contributor: Helen Ann Fisher 6 Contributor Address: City, State	Out of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable) :	
9 Principal (Occupation (Optional):	10 Employer	r (Opti	onal):		
4 Date 4/4/2002	5 Full Name of Contributor: Alvin Thomas 6 Contributor Address: City, State,	out of state PAC		7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable) :	
9 Principal C	Occupation (Optional):	10 Employer	(Opti	onal):	1	
4 Date 4/4/2002	5 Full Name of Contributor: Charles D. Gooden 6 Contributor Address: City, State,	out of state PAC		7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable) :	
9 Principal C	Occupation (Optional):	10 Employer	(Opti	onal):		

	AL CONTRIBUTIONS HAN PLEDGES OR LOAD	NS	(FOR I	SCHEDULE A1 FORMS C/OH and SPAC)	
The Instruction	Guide explains how to complete this form.		1 Total pages this sched	ule A1: 35	
2 FILER NAME: Ada Edwards			3 ACCOUNT # (Ethics Comission filers)		
4 Date 4/4/2002	5 Full Name of Contributor: Janine M. Brunjes	Out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :	
	6 Contributor Address: City, State,	Zip Code			
9 Principal O	ccupation (Optional):	10 Employe	r (Optional):		
4 Date 4/4/2002	5 Full Name of Contributor: Dorothy E. Caram	out of stale PAC	7 Amount of contribution (\$): \$20.00	8 In kind contribution (if applicable) :	
(6° Contributor Address: City, State,	Zip Code	,e		
9 Principal C	occupation (Optional):	10 Employe	r (Optional):		
4 Date 4/4/2002	5 Full Name of Contributor: Jerome Robinson	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :	
•	6 Contributor Address: City, State,	Zip Code			
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):		
4 Date 4/4/2002	5 Full Name of Contributor: Dennis Fetters	Out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :	
	6 Contributor Address: City, State,	Zip Code		 	
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):		
4 Date 4/4/2002	5 Full Name of Contributor: Kenneth A James	out of state PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :	
	6 Contributor Address: City, State,	Zip Code			
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):		

POLITICAL CONTRIBUTIONS SCHEDULE A1 OTHER THAN PLEDGES OR LOANS (FOR FORMS C/OH and SPAC) The Instruction Guide explains how to complete this form. 1 Total pages this schedule A1: 35 Ada Edwards 2 FILER NAME. 3 ACCOUNT # (Ethics Comission filers) ut of state PAC 5 Full Name of Contributor: 7 Amount of 8 In kind 4 Date contribution (\$): contribution Mike Petrizzo 4/4/2002 (if applicable): \$100.00 6 Contributor Address: City State Zip Code 10 Employer (Optional): 9 Principal Occupation (Optional): out of state PAC 5 Full Name of Contributor: 7 Amount of 8 In kind 4 Date contribution (\$): contribution Zerline B Prater (if applicable): 4/4/2002 \$40.00 City, State. 6 Contributor Address: Zip Code 2900 9 Principal Occupation (Optional): 10 Employer (Optional): out of state PAC 4 Date 5 Full Name of Contributor: 7 Amount of 8 In kind contribution (\$): contribution Robert B Cohen (if applicable): 4/4/2002 \$1,000.00 Zip Code 6 Contributor Address: City, State, 9 Principal Occupation (Optional): 10 Employer (Optional): out of state PAC 5 Full Name of Contributor: 7 Amount of 8 In kind 4 Date contribution (\$): contribution John Gilmore (if applicable): 4/4/2002 \$25.00 City, State, Zip Code 6 Contributor Address: 9 Principal Occupation (Optional): 10 Employer (Optional): out of state PAC 8 In kind 5 Full Name of Contributor: 7 Amount of 4 Date contribution (\$): contribution Brian Cweren (if applicable): 4/4/2002 \$1,000.00

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10 Employer (Optional):

Zip Code

City, State,

6 Contributor Address:

9 Principal Occupation (Optional):

_	AL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS		(FOR	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	n Guide explains how to complete this form.		1 To	otal pages this sched	dule A1: 35
2 FILER NAM	E: Ada Edwards	-,-	3 A	CCOUNT # (Ethics C	Comission filers)
4 Date 4/4/2002	5 Full Name of Contributor: Earl Gerhard	out of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code			
9 Principal (Occupation (Optional):	10 Employe	г (Ор	tional):	
4 Date 4/4/2002	5 Full Name of Contributor: Gout of state P			7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
. •	6 Contributor Address: City, State,	Zip Code			
9 Principal (Decupation (Optional):	10 Employe	r (Op	tional):	
4 Date 4/4/2002	5 Full Name of Contributor: Hardy Loe	out of state PAC	PAC 7 Amount of contribution (\$):		8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code			
9 Principal (Decupation (Optional):	10 Employe	r (Op	tional):	
4 Date 4/4/2002	5 Full Name of Contributor: Susan E. Lovell	Out of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State.	Zip Code	#30.00		
9 Principal C	Decupation (Optional):	10 Employe	r (Op	tional):	
4 Date 4/4/2002	5 Full Name of Contributor: Vincent S Goodridge	out of state PAC			8 In kind contribution (if applicable) :
•	6 Contributor Address: City, State	Zip Code			:
9 Principal C	Occupation (Optional):	10 Employe	r (Op	tional):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOA	ANS		(FOR	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	n Guide explains how to complete this form	n.	1	Total pages this sched	dule A1: 35
2 FILER NAM	E: Ada Edwards		3	ACCOUNT # (Ethics C	Cornission filers)
4 Date 4/4/2002	5 Full Name of Contributor: Ruben G Davis	out of state PAC	<u> </u>	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code			
9 Principal C	Decupation (Optional):	10 Employe	er (C	optional):	
4 Date 4/4/2002	5 Full Name of Contributor: Leonard Childress	out of state PAC		7 Amount of contribution (\$): \$1,500.00	8 In kind contribution (if applicable) :
,	6 Contributor Address: City. State.	Zip Code		\$1,500.00	
9 Principal C	Occupation (Optional):	10 Employe	er (O	ptional):	
4 Date 4/4/2002	5 Full Name of Contributor: R. Jack Linville	out of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
1	6 Contributor Address: City, State,	Zip Code		,	
9 Principal C	Occupation (Optional):	10 Employe	 er (O	i optional):	

10 Employer (Optional):

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Con	nmission P.O.Box 12070 Austin, Texas 7	8711-2070	(512)463-5800	1-800-325-8506
POLITI	CAL EXPENDITURES		sc	HEDULE F
The Instruction	ON GUIDE explains how to complete this form.		Total pages report: 1	*
2 FILER NAMI Ms. Ada E			3 ACCOUNT # (Ethics	Commission filers)
4 Date 01/31/2002	5 Payee name Ada Edwards 6 Payee address; City; State; Zip Code 5514 Griggs,Apt. 2832 Houston TX 77021		7	Amount (\$) 1600.00
8 Purpose of ex- information re- Reimb - GO		Complete if direct expe Candidate / Officeholder na	nditure to benefit C/OH * Ime Office sought	
Date 01/31/2002	Payee name Ada Edwards Payee address; City; State; Zip Code 5514 Griggs,Apt. 2832 Houston TX 77021			Amount (\$) 381.99
Purpose of ex information red Reimb - Re	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na	nditure to benefit C/OH • ume Office sought	
Date 01/11/2002	Payee name Andrea Hildebran Payee address; City; State; Zip Code 38 Wyatt Street Somerville MA 02143			Amount (\$) 54.13
information rea	penditure (See instructions regarding type of quired.) ting & Reproduction	Complete if direct expe Candidate / Officeholder na	nditure to benefit C/OH * me Office sought	
Date 01/11/2002	Payee name Ayesha G. Mutope-Johnson,Att. at Law Payee address; City; State; Zip Code 10 Chelsea Place,Suite 210 Houston TX 77006			Amount (\$) 89.16
Purpose of ex information red Reinb - Ever		Complete if direct expe Candidate / Officeholder na	nditure to benefit C/OH * time Office sought	

	,			SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages rep 2	port:
2 FILER NAME Ms. Ada Ed			3 ACCOUNT	# (Ethics Commission filers)
4 Date 01/11/2002	 5 Payee name Ayesha G. Mutope-Johnson, Att. at Law 6 Payee address; City; State; Zip Code 10 Chelsea Place, Suite 210 		7	Amount (\$) 30.93
8 Purpose of exp information red Reinb - Even		Complete if direct exp. Candidate / Officeholder n		C/OH •• le sought Office held
Date 04/25/2002	Payee address; City; State; Zip Code	,		Amount (\$) 155.88
Purpose of exp information red Office Suppli	es	Complete if direct expe Candidate / Officeholder n		C/OH •• e sought Office held
Date 05/09/2002	Payee name Boys-Into-Men,Inc. Payee address; City; State; Zip Code			Amount (\$) 200.00
Purpose of exp information req Sponsorship	penditure (See instructions regarding type of juired.)	Complete if direct expe Candidate / Officeholder n		C/OH ' * e sought Office held
Date 01/31/2002	Payee name City of Houston, Water Department City; State; Zip Code			Amount (\$) 18.24
Purpose of exp information req Utilities Camp	•	Complete if direct expe Candidate / Officeholder n		C/OH • • e sought Olfice held

xas Ethics Con	nmission P.O.Box 12070 Austin, Texa	s 78711-2070	(512)463-5800	1-800-325-850
POLITI	CAL EXPENDITURES		so	CHEDULE F
The Instructi	ON GUIDE explains how to complete this form.		1 Total pages report:	
FILER NAMI Ms. Ada E		· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT # (Ethi	cs Commission filers)
				
Date	5 Payee name		7	Amount (\$)
02/06/2002	City of Houston, Water Department			18.24
	6 Payee address; City; State; Zip Co P.O. Box 1560			
	Houston TX 77251			
B Purpose of ex information re Utilities Cam		9 Complete if direct ex Candidate / Officeholder	spenditure to benefit C/OH r name Office sough	
Date	Payee name			Amount
01/31/2002	Coleman Stratagies	٠		(\$)
3 173 172302	-			1040.00
	5447 Almeda, Suite 401			
	Houston TX 77004			
information re Advertising	quired.)	Candidate / Officeholder	openditure to benefit C/OH r name Office sough	
Date	Payee name			Amount
01/31/2002	Coleman Stratagies			(\$) 1000.00
	Payee address; City; State; Zip Co		,	1000.00
	5447 Almeda,Suite 401			
	Houston TX 77004			
Purpose of ex	penditure (See instructions regarding type of	Complete if direct ex	rpenditure to benefit C/OH	
information re Advertising	quired.)	Candidate / Officeholde	r name Office sough	nt Office held
J	•			
Date	Payee name		Ï	Amount
01/31/2002	Coleman Stratagies			(\$) 381.00
	Payee address; City; State; Zip Co	de		301.00
	Houston TX 77004			
Purpose of ex information re Advertising	penditure (See instructions regarding type of quired.)	Complete if direct ex Candidate / Officeholde	xpenditure to benefit C/OH r name Ollice sough	
	· .			
			·	

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages 4	report:
2 FILER NAME Ms. Ada Ed			3 ACCOUN	T # (Etnics Commission filers)
4 Date	5 Payee name			7 Amount
01/31/2002	Coleman Stratagies			(\$)
		••••••		500.00
	6 Payee address; City; State; Zip Code 5447 Almeda, Suite 401			
	3447 Airrieda, Suite 401			
-	Houston TX 77004			
8 Purpose of exp information red Advertising	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na		it C/OH ** Ulice sought Office held
Date	Payee name			Amount
04/30/2002	Dierdre Nzinga Rideaux			(\$)
		• • • • • • • • • • • • • • • • • • • •		6.47
	r ayee address, Oity, State, Zip Code			
	and the second			
·	Course of the Course of the Course of the Course			
Purpose of exp information red	penditure (See instructions regarding type of	Complete if direct expe		
Reinb - Office	•	Candidate / Officeholder na	ime O	ffice sought Office held
Date	Payee name			Amount
01/31/2002	Grant Martin Consulting			(\$) 1035.00
	Payee address; City; State; Zip Code			1000.00
Purpose of exp information req	penditure (See instructions regarding type of juired.)	Complete if direct expe Candidate / Officeholder na		
Postage & Ma	,	Carididate / Chicarolder na	ille O	ffice saught Office held
			•	
Date	Payee name		1	Amount
01/31/2002	Grant Martin Consulting			(\$)
01/31/2002				3981.08
	City; State; Zip Code			
	and the state of t			
	12 - 12 - Tarafran General			
Purpose of exp	enditure (See instructions regarding type of	Complete if direct expe		
information req Payroll Exper		Candidate / Officeholder na	me o	flice sought Office held
, <u></u>				

<u>.</u>				
The Instauction	ON GUIDE explains how to complete this form.		report:	
2 FILER NAME Ms. Ada Ed	_	· · · · · · · · · · · · · · · · · · ·	3 ACCOUN	T # (Ethics Commission filers)
4 Date 01/31/2002	 Fayee name Grant Martin Consulting Payee address; City; State; Zip Code 			7 Amount (\$) 1526.06
8 Purpose of exp information red Paid Phone (Complete if direct expe Candidate / Officeholder na		lit C/OH ** Iffice sought Office held
Date	Payee name			Amount
01/31/2002	Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307			(\$) 18000.00
	Houston TX 77266			
Purpose of exp information red Consulting S		Complete if direct expe Candidate / Officeholder na		it C/OH •• flice sought Office held
Date	Payee name	 : <u></u>		Amount
01/31/2002	Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266			. 469.00
Purpose of exp information req Printing & Re	,	Complete if direct expe Candidate / Officeholder na	enditure to benefi arme o	it C/OH • • Office held
Date	Payee name	-		Amount
01/31/2002	Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	·		(\$) 104.41 ;
Purpose of exp information req Printing & Re	,	Complete if direct expe Candidate / Officeholder na		it C/OH ** Office held

				<u> </u>
The Instruction	ON GUIDE explains how to complete this form.	***	1 Total pages report:	-
2 FILER NAME Ms. Ada Ed			3 ACCOUNT # (EIF	nics Cammission (illers)
4 Date 01/31/2002	5 Payee name Grant Martin Consulting 6 Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266		7	Amount (\$) 9.00
8 Purpose of exp information red Printing & Re	· · · · ·	9 Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ame Office soug	
Date 01/31/2002	Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266			Amount (\$) 90.78
Purpose of exp information red Printing & Re		Complete if direct exp Candidate / Officeholder n	enditure to benefit C/OH name Office soug	
Date 01/31/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266			Amount (\$) 86.70
Purpose of exp information red Printing & Re	· · ·	Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH lame Ollice soug	
Date 01/31/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266			Amount (\$) 236.25
Purpose of exp information red Printing & Re	· ,	Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH name Office sout	

exas Ethics Com	nmission P.O.Box 12070 Austin, Texas	78711-2070	(512)463-5800	1-800-325-8506
POLITI	CAL EXPENDITURES		SCI	HEDULE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report:	
2 FILER NAME Ms. Ada Ed			3 ACCOUNT # (Ethics	Commission filers)
4 Date	5 Payee name		7	Amount
01/31/2002	Grant Martin Consulting 6 Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266			(\$) 500.00
8 Purpose of exp information red Printing & Re		9 Complete if direct exp Candidate / Officeholder i	penditure to benefit C/OH * name Office sought	Office held
Date 01/31/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266			Amount (\$) 67.93
Purpose of exinformation re- Printing & Re	• •	Complete if direct exp Candidate / Officeholder	penditure to benefit C/OH • name Office sought	Office held
Date 01/31/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266			Amount (\$) 869.12
Purpose of ex information rei		Complete if direct exp Candidate / Officeholder	penditure to benefit C/OH name Office sought	Office held
Date	Payee name	. '		Amount
01/31/2002	Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	· · · · · · · · · · · · · · · · · · ·		(\$) 576.30
Purpose of ex information re Printing & Re	•	Complete if direct exp Candidate / Officeholder	penditure to benefit C/OH * name Office sought	

exas Ethics Cor	mmission P.O.Box 12070 Austin, Texas 7	78711-2070	(512)463-5	5800 <u>1-8</u> 00-325-8506
POLIT	CAL EXPENDITURES			SCHEDULE F
The Instruct	ION GUIDE explains how to complete this form.		1 Total pages rep	port:
2 FILER NAM Ms. Ada E				# (Ethics Commission filers)
4 Date	5 Payee name	<u></u>	7	Amount
01/31/2002	Grant Martin Consulting			(\$) 489.70
	6 Payee address; City; State; Zip Code PO Box 667307			
	Houston TX 77266			
Purpose of ex- information re Printing & R		9 Complete if direct exp Candidate / Officeholder r		C/OH ** ce sought Office held
Date	Payee name	<u> </u>		Amount
01/31/2002	Grant Martin Consulting			(\$)
01/01/2002				7.00
	Payee address; City; State; Zip Code PO Box 667307			
	Houston TX 77266			
Purpose of ex information re Printing & R	• •	Complete if direct exp Candidate / Officeholder r		C/OH • • Ce sought Office held
Date	Payee name	<u> </u>		Amount
01/31/2002	Grant Martin Consulting			(\$)
01/01/2002				3.00
	PO Box 667307			
	Houston TX 77266			
Purpose of exinformation re	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder r		C/OH •• Ce sought Office held
Date	Payee name			Amount
01/31/2002	Grant Martin Consulting			(\$)
0 110112002	1			50.32
	PO Box 667307			
	Houston TX 77266			
Purpose of ex information re	penditure (See instructions regarding type of	Complete if direct exp		

Postage

POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	סא Guide explains how to complete this form.		1 Total pages report: 9	
2 FILER NAME Ms. Ada Ed			3 ACCOUN	T # (Ethics Commission filers)
4 Date 01/31/2002	5 Payee name Grant Martin Consulting 6 Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266 penditure (See instructions regarding type of	9 Complete if direct exp.	enditure to bene	7 Amount (\$) 34.00
information red Postage	quired.)	Candidate / Officeholder r		Office sought Office held
Date 01/31/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO ₁ Box 667307 Houston TX 77266			Amount (\$) 17.00
Purpose of ex information red Postage	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder r		efit C/OH · · Office held
Date 01/31/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266			Amount (\$) 17.00
Purpose of ex information rei Postage	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder i		efit C/OH ** Office saught Office held
Date 01/31/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266			Amount (\$) 68.00
Purpose of ex information re Postage	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder		efit C/OH ** Office sough! Office held

The Instruction	אס Guide explains how to complete this form.		1 Total pages report:	
2 FILER NAME Ms. Ada Ed			3 ACCOUNT # (EIH	ics Commission filers)
4 Date 01/31/2002	 5 Payee name Grant Martin Consulting 6 Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266 		7	Amount (\$) 15.16
Purpose of expinformation red Postage	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ame Office soug	
Date 01/31/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266			Amount (\$) 578.18
Purpose of exp information red Paid Phone (·	Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH name Office soug	
Date 01/31/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266			Amount (\$) 600.00
Purpose of exp information red GOTV Exper	• •	Complete if direct exp Candidate / Officeholder n	enditure to benefit C/OH name Office soug	
Date 01/31/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266			Amount (\$) 750.00
Purpose of exp information red Event Expen		Complete if direct exp Candidate / Officeholder n	enditure to benefit C/OH arne Office soug	

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report:	
2 FILER NAMI Ms. Ada E			3 ACCOUNT # (Ethic	es Commission (illers)
4 Date	5 Payee name		7	Amount
01/31/2002	Grant Martin Consulting			(\$) 105.03
	6 Payee address; City; State; Zip Code PO Box 667307			
	Houston TX 77266			
8 Purpose of expinformation red Event Expen	•	9 Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH ame Office sough	
Date	Payee name	1. <u></u> <u></u>	<u> </u>	Amount
01/31/2002	Grant Martin Consulting			(\$) 83.85
	Payee address; City; State; Zip Code			
	PO Box 667307			
	Houston TX 77266		·	
Purpose of exp information red Event Expen		Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH ame Office sought	
Date	Рауее пате			Amount
01/31/2002	Grant Martin Consulting			(\$) 833.63
	Payee address; City; State; Zip Code			000.00
	PO Box 667307			
	Houston TX 77266			
Purpose of exp information req Event Expens		Complete if direct expe Candidate / Officeholder na	nditure to benefit C/OH ame Office sought	
Date	Payee name			Amount
01/31/2002	Grant Martin Consulting			(\$) 838.18
j	Payee address; City; State; Zip Code			
	PO Box 667307			
	Houston TX 77266			
Purpose of exp	enditure (See instructions regarding type of	Complete if direct exper	nditure to benefit C/OH	
Data Researc	•	Candidate / Officeholder na	ime Ol(ice sought	Office held
	,			

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F 1 Total pages report: The Instruction Guide explains how to complete this form. 12 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Ms. Ada Edwards Date 5 Payee name Amount (\$) 01/31/2002 Grant Martin Consulting 750.00 City; State; Zip Code 6 Payee address; PO Box 667307 Houston TX 77266 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH *** information required.) Candidate / Officeholder name Office held Data Research Date Payee name Amount (\$) 02/06/2002 Grant Martin Consulting 170.40 Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266 Complete if direct expenditure to benefit C/OH .. Purpose of expenditure (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Office held **Printing & Reproduction** Amount Date Payee name (\$) 04/15/2002 Grant Martin Consulting 2300.00 City; State; Zip Code Payee address; PO Box 667307 Houston TX 77266 Complete if direct expenditure to benefit C/OH ** Purpose of expenditure (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Office held Printing & Reproduction Amount Date Payee name Grant Martin Consulting 04/15/2002 5000.00 Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH *** Candidate / Officeholder name Office held information required.)

Consulting Service

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report	:
FILER NAME Ms. Ada Ed			3 ACCOUNT#	(Ethics Commission filers)
Date	5 Payee name		7	Amount (\$)
04/15/2002	Grant Martin Consulting 6 Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266			52.20
Purpose of exposition recommendation	penditure (See instructions regarding type of quired.)	9 Complete if direct exp Candidate / Officeholder	penditure to benefit C/ name Office s	
Date	Payee name	<u> </u>		Amount
04/15/2002	Grant Martin Consulting			(\$) 780.79
	Payee address; City; State; Zip Code PO Box 667307			
	Houston TV 77066			
Purnose of ex	Houston TX 77266	Complete if direct ex	penditure to benefit C	′ОН ••
Purpose of ex information re Utilities Cam	penditure (See instructions regarding type of quired.)	Complete if direct ex Candidate / Officeholder	openditure to benefit C/ r name Office:	
information re	penditure (See instructions regarding type of quired.)			Sought Office held Amount
information re Utilities Cam Date	penditure (See instructions regarding type of quired.) npaign HQ Payee name			Office held Amount (\$)
information re Utilities Cam	penditure (See instructions regarding type of quired.) npaign HQ Payee name Grant Martin Consulting	Candidate / Officeholder		Sought Office held Amount
information re Utilities Cam Date	penditure (See instructions regarding type of quired.) npaign HQ Payee name Grant Martin Consulting Payee address; City; State; Zip Code	Candidate / Officeholder		Office held Amount (\$)
information re Utilities Cam Date	penditure (See instructions regarding type of quired.) paign HQ Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307	Candidate / Officeholder		Office held Amount (\$)
information re Utilities Cam Date 04/15/2002	penditure (See instructions regarding type of quired.) npaign HQ Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266 spenditure (See instructions regarding type of quired.)	Candidate / Officeholder	r name Office :	Amount (\$) 75.00
Date 04/15/2002 Purpose of exinformation re	penditure (See instructions regarding type of quired.) npaign HQ Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266 spenditure (See instructions regarding type of quired.)	Candidate / Officeholder	r name Office :	Amount (\$) 75.00
Date O4/15/2002 Purpose of exinformation re Sponsorship	penditure (See instructions regarding type of quired.) npaign HQ Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266 rependiture (See instructions regarding type of quired.) Payee name Grant Martin Consulting	Candidate / Officeholder Complete if direct ex Candidate / Officeholder	xpenditure to benefit C er name Office	Amount (\$) 75.00
Date 04/15/2002 Purpose of exinformation re	penditure (See instructions regarding type of quired.) npaign HQ Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266 rependiture (See instructions regarding type of quired.) Payee name Grant Martin Consulting	Candidate / Officeholder Complete if direct ex Candidate / Officeholder	xpenditure to benefit C er name Office	Amount (\$) 75.00
Date O4/15/2002 Purpose of exinformation re Sponsorship	penditure (See instructions regarding type of quired.) npaign HQ Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266 rependiture (See instructions regarding type of quired.) Payee name Grant Martin Consulting	Candidate / Officeholder Complete if direct ex Candidate / Officeholder	xpenditure to benefit C er name Office	Amount (\$) 75.00
Date O4/15/2002 Purpose of exinformation re Sponsorship	penditure (See instructions regarding type of quired.) npaign HQ Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266 rpenditure (See instructions regarding type of equired.) Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307	Candidate / Officeholder Complete if direct ex Candidate / Officeholder	xpenditure to benefit C er name Office	Amount (\$) 75.00
Date O4/15/2002 Purpose of exinformation re Sponsorship Date O4/15/2002	penditure (See instructions regarding type of quired.) npaign HQ Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266 spenditure (See instructions regarding type of equired.) Payee name Grant Martin Consulting Payee address; City; State; Zip Code	Candidate / Officeholder Complete if direct ex Candidate / Officeholder	xpenditure to benefit C er name Office	Amount (\$) 75.00 /OH ** sought Olfice held Amount (\$) 450.00

The Instructi	ON GUIDE explains how to complete this form.		1 Total pages report14	:
FILER NAM Ms. Ada E	•		3 ACCOUNT#	(Ethics Commission filers)
Date 04/15/2002	 5 Payee name Grant Martin Consulting 6 Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266 		7	Amount (\$) 43.84
Purpose of ex information re Printing & R	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder no		
Date 04/15/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266			Атоunt (\$) 189.75
information re	openditure (See instructions regarding type of equired.) Improduction	Complete if direct expe Candidate / Officeholder n		
Date 04/15/2002	Payee address; City; State; Zip Code PO Box 667307			Amount (\$) 75.00
	Houston TX 77266			/OH ::
information re	xpenditure (See instructions regarding type of	Complete if direct exp Candidate / Officeholder n	enditure to benefit C name Office	sought Office held
information re	xpenditure (See instructions regarding type of equired.) Reproduction Payee name Grant Martin Consulting	Complete if direct exp Candidate / Officeholder n	enditure to benefit C	Amount (\$) 488.40

The Instructio	N GUIDE explains how to complete this form.		1 Total pages report: 15
FILER NAME Ms. Ada Ed			3 ACCOUNT # (Ethics Commission filers)
Date	5 Payee name	<u></u>	7 Amount
04/15/2002	Grant Martin Consulting		(\$) 68.09
	6 Payee address; City; State; Zip Co		
	PO Box 667307		
	Houston TX 77266		
Purpose of exp information req Office Supplie		9 Complete if direct experience Candidate / Officeholder na	anditure to benefit C/OH ** ame Office sough) Office held
Date	Payee name		Amount
04/15/2002	Grant Martin Consulting		(\$) 19.47
	PO Box 667307		
	Houston TX 77266		
Purpose of exp information req Office Supplie		Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH • • ame Office sought Office held
Date	Payee name		Amount
	-	1	(\$)
04/15/2002	Grant Martin Consulting Payee address; City; State; Zip Co		415.00
	PO Box 667307		
	Houston TX 77266		
Purpose of exp information red Event Expen	•	Complete if direct exp Candidate / Officeholder n	enditure to benefit C/OH ** ame Office sought Office held
Date	Payee name		Amount
04/15/2002	Grant Martin Consulting		(\$) 270.00
	Payee address; City; State; Zip Co	 ode	••••
	PO Box 667307		
	Houston TX 77266		
	 		enditure to benefit C/OH

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	<u> </u>			
The Instructio	N Guide explains how to complete this form.		1 Total pages report:	
2 FILER NAME Ms. Ada Ed			3 ACCOUNT#	(Ethics Commission filers)
4 Date	 Fayee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266 		7	Amount (\$) 12.45
8 Purpose of exp information req Printing & Re	•	9 Complete if direct exp Candidate / Officeholder r		
Date 04/22/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266			Amount (\$) 215.80
Purpose of exp information req Data Researd		Complete if direct exp Candidate / Officeholder i		
Date 05/01/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266			Amount (\$) 3.30
Purpose of exp information red Printing & Re	•	Complete if direct exp Candidate / Officeholder	penditure to benefit C/ name Office s	
Date 05/01/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266			Amount (\$) 56.10
Purpose of exp information red Postage	Denditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder	penditure to benefit C/ name Office :	

				
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report: 17	
2 FILER NAME Ms. Ada Ed			3 ACCOUNT # (Ethics	: Commission lilers)
4 Date	5 Payee name		7	Amount (\$)
05/01/2002	Grant Martin Consulting			49.51
	6 Payee address; City; State; Zip Code PO Box 667307			
	Houston TX 77266			
8 Purpose of exp information red Office Suppli	·	9 Complete if direct expo Candidate / Officeholder n	enditure to benefit C/OH ame Olfice sought	
Date	Рауее пате			Amount
05/01/2002	Grant Martin Consulting			(\$) 84.95
	Payee address; City; State; Zip Code			
	PO Box 667307			
Purnose of ex	Houston TX 77266 penditure (See instructions regarding type of	Complete if direct exp	enditure to benefit C/OH	••
information red Office Suppli	quired.)	Candidate / Officeholder r		
Date	Payee name			Amount
05/06/2002	Grant Martin Consulting			(\$) 800.00
	Payee address; City; State; Zip Code			
	PO Box 667307			
	Houston TX 77266			·
Purpose of ex information re Consulting S		Complete if direct exp Candidate / Officeholder	enditure to benefit C/OH name Office sougi	al Office held
Date	Payee name			Amount
Date	Payee name Grant Martin Consulting			Amount (\$) 40.51
Date 06/05/2002	Grant Martin Consulting			
	Grant Martin Consulting			(\$)
	Grant Martin Consulting Payee address; City; State; Zip Code			(\$)
06/05/2002	Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266 coenditure (See instructions regarding type of	Complete if direct exp	penditure to benefit C/OH	(\$) 49.51
06/05/2002	Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266 spenditure (See instructions regarding type of equired.)		penditure to benefit C/OH	(\$) 49.51

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The Instruction	DN GUIDE explains how to complete this form.	-	1 Total pages r	report:
2 FILER NAME Ms. Ada Ed	_		3 ACCOUN	# (Ethics Commission filers)
4 Date	5 Payee name		,	7 Amount
06/05/2002	Grant Martin Consulting			(\$) 84.95
	6 Payee address; City; State; Zip Code			
	PO Box 667307			
	Houston TX 77266			
8 Purpose of ex information reconfice Suppli		9 Complete if direct exp Candidate / Officeholder		fit C/OH Office held
Date	Payee name			Amount
04/04/2002	Bridget Jensen			(\$) 1000.00
	Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	920 Clay			
	Houston TX 77025			
Purpose of ex	penditure (See instructions regarding type of	Complete if direct ex	penditure to bene	I
information re Contract Wo		Candidate / Officeholder	name (Office sought Office held
Date	Payee name			Amount
04/24/2002	John Pluecker			(\$) 178.12
	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • •		
10	1711 Fourcade #6			
	Houston TX 77023			
Purpose of ex information re Reimb - Evo		Complete if direct ex Candidate / Officeholder	penditure to bene name	efit C/OH ** Office sought Office held
Date	Payee name	<u> </u>		Amount
05/08/2002	John Pluecker			(\$) 165.00
_		<i>,</i>		100.00
	1711 Fourcade #6	-		
	Houston TX 77023			
Purpose of ex	spenditure (See instructions regarding type of	Complete if direct ex	penditure to bene	efit C/OH **
information re	equired.)	Candidate / Officeholder		Office held
neimo-Piir	nting & Reproduction			
	·		· · · · · · · · · · · · · · · · · · ·	

POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages	report:
2 FILER NAME Ms. Ada Ed			3 ACCOUN	T # (Ethics Commission filers)
4 Date 06/03/2002	5 Payee name KTSU 6 Payee address; City; State; Zip Code Texas Southern University Houston TX 77004			7 Amount (\$) 150.00
8 Purpose of expinformation reconsorship		9 Complete if direct exp Candidate / Officeholder r		afit C/OH "" Office sought Office held
Date 01/11/2002	Payee name Lisa Canon Payee address; City; State; Zip Code 5400 MLK Blvd. #16 Houston TX 77021	, ,		Amount (\$) 12.00
Purpose of ex information re Reimb - Volu		Complete if direct exp Candidate / Officeholder r		efit C/OH •• Olfice sought Office held
Date 01/11/2002	Payee name Lisa Canon Payee address; City; State; Zip Code 5400 MLK Blvd. #16 Houston TX 77021			Amount (\$) 9.90
Purpose of ex information re Reimb - Volu		Complete if direct exp Candidate / Officeholder		efit C/OH ** Olfice sought Office held
Date 01/11/2002	Payee name Lisa Canon Payee address; City; State; Zip Code 5400 MLK Blvd. #16 Houston TX 77021			Amount (\$) 12.96
Purpose of ex information re Reimb - Offi		Complete if direct exp Candidate / Officeholder	penditure to ben name	efft C/OH "* Office sought Office held

The Instruction	סא Guide explains how to complete this form.		1 Total pages report: 20	
2 FILER NAME Ms. Ada Ed	_		3 ACCOUNT# (F	(thics Commission filers)
4 Date	5 Payee name		7	Amount
01/11/2002	Lisa Canon 6 Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		(\$) 28.97
	5400 MLK Blvd. #16			
	Houston TX 77021			
8 Purpose of expinformation red Reimb - Office		9 Complete if direct exp Candidate / Officeholder r	enditure to benefit C/O name Office so	
Date	Payee name	<u> </u>		Amount
01/11/2002	Lisa Canon			(\$) 2.15
	Payee address; City; State; Zip Code]	
	5400 MLK Blvd. #16		.]	
	Houston TX 77021	I 0		
information red	•	Complete if direct exp Candidate / Officeholder i	penditure to benefit C/C name Office so	
Reimb - Offic	ce Supplies			
Date	Рауее патте	<u>, </u>		Amount
01/11/2002	Lisa Canon			(\$) 57.35
	Payee address; City; State; Zip Code			
	5400 MLK Blvd. #16			
	Houston TX 77021			
Purpose of ex information re Reimb - Office	·	Complete if direct exp Candidate / Officeholder	penditure to benefit C/C name Office so	
Date	Payee name	<u> </u>		Amount
01/11/2002	Lisa Canon			(\$) 4.87
	Payee address; City; State; Zip Code			
	5400 MLK Blvd. #16			
	Houston TX 77021			
Purpose of ex information re Reimb - GO	•	Complete if direct exp Candidate / Officeholder	penditure to benefit C/C name Office so	

POLITICAL	EXPENDI	TURES
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The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report: 21
2 FILER NAME Ms. Ada Ed			3 ACCOUNT # (Ethics Commission (iters)
4 Date	5 Payee name		7 Amount
01/11/2002	Lisa Canon 6 Payee address; City; State; Zip Code 5400 MLK Blvd. #16 Houston TX 77021		(\$) 29.75
8 Purpose of expinformation red Reimb - GOT		9 Complete if direct exp Candidate / Officeholder r	penditure to benefit C/OH name Office sought Office held
Date	Payee name		Amount
01/11/2002	Lisa Canon		(\$) 9.74
	Payee address; City; State; Zip Code 5400 MLK Bivd. #16 Houston TX 77021		
Purpose of ex information re Reimb - GO	•	Complete if direct exp Candidate / Officeholder	penditure to benefit C/OH •• name Office sought Office held
Date	Payee name	···	Amount
01/11/2002	Lisa Canon Payee address; City; State; Zip Code		(\$) 54.13
	5400 MLK Blvd. #16 Houston TX 77021		
Purpose of ex information re Reimb - GO	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder	penditure to benefit C/OH ** name Office sought Office held
Date	Payee name		Amount
01/25/2002	Lisa Canon Payee address; City; State; Zip Code 5400 MLK Blvd. #16 Houston TX 77021		(\$) 221.82
information re	penditure (See instructions regarding type of quired.) npaign Phone	Complete if direct ex Candidate / Officeholder	penditure to benefit C/OH ** name Office sought Office held

The Instruction	on Guide explains how to complete this form.	1 Total pages 22	s report:
FILER NAME		3 ACCOU	VT # (Ethics Commission filers)
Date	5 Payee name		7 Amount
01/31/2002	Lisa Canon		(\$) 1217.59
	6 Payee address; City; State; Zip Code		
	5400 MLK Blvd. #16		
	Houston TX 77021		
information red	penditure (See instructions regarding type of quired.) spaign Telephone	Complete if direct expenditure to ben Candidate / Officeholder name	efit C/OH ** Office sought Office held
Date	Payee name		Amount
01/31/2002	Lisa Canon		(\$) 11.37
3 17 0 17 E O U E			11.07
	5400 MLK Blvd. #16		
Durana of ov	Houston TX 77021 penditure (See instructions regarding type of	Complete if direct expenditure to ber	nefit C/OH ••
information rec Reimb - Rep	quired.)	Candidate / Officeholder name	Office sought Office held
	Payee name		
Date	1 Ayec name		Amount
Date 01/31/2002	Lynne Huffer		Amount (\$) 251.81
	_	,	(\$)
	Lynne Huffer		(\$)
	Lynne Huffer Payee address; City; State; Zip Code		(\$)
01/31/2002	Lynne Huffer Payee address; City; State; Zip Code 935 Fugate Houston TX 77006 penditure (See instructions regarding type of quired.)	Complete if direct expenditure to be Candidate / Officeholder name	(\$) 251.81
01/31/2002 Purpose of exinformation re	Lynne Huffer Payee address; City; State; Zip Code 935 Fugate Houston TX 77006 penditure (See instructions regarding type of quired.)	Complete if direct expenditure to be Candidate / Officeholder name	(\$) 251.81 nefit C/OH Office sought Office held
O1/31/2002 Purpose of exinformation re Reimb - Volu	Lynne Huffer Payee address; City; State; Zip Code 935 Fugate Houston TX 77006 penditure (See instructions regarding type of quired.) unteer Food Payee name Lynne Huffer	Candidate / Officeholder name	(\$) 251.81 nefit C/OH Office sought Office held
O1/31/2002 Purpose of exinformation re Reimb - Volu	Lynne Huffer Payee address; City; State; Zip Code 935 Fugate Houston TX 77006 penditure (See instructions regarding type of quired.) unteer Food Payee name Lynne Huffer	Candidate / Officeholder name	(\$) 251.81 nefit C/OH Office sought Office held Amount (\$)
O1/31/2002 Purpose of exintermation re Reimb - Volu	Lynne Huffer Payee address; City; State; Zip Code 935 Fugate Houston TX 77006 penditure (See instructions regarding type of quired.) unteer Food Payee name Lynne Huffer	Candidate / Officeholder name	(\$) 251.81 nefit C/OH Office sought Office held Amount (\$)
Purpose of ex information re Reimb - Volu	Lynne Huffer Payee address; City; State; Zip Code 935 Fugate Houston TX 77006 penditure (See instructions regarding type of quired.) unteer Food Payee name Lynne Huffer Payee address; City; State; Zip Code	Candidate / Officeholder name	(\$) 251.81 nefit C/OH Office sought Office held Amount (\$)

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages report: 23 2 FILER NAME Ms. Ada Edwards 3 ACCOUNT # (ENVI) Ms. Ada Edwards 4 Date 01/03/2002 Planned Parenthood of Houston & SE Texas 6 Payee address; City; State; Zip Code 3601 Fannin Houston TX 77004 8 Purpose of expenditure (See instructions regarding type of information required.) Sponsorships Date Payee name 01/31/2002 Quantum Consultants Payee address; City; State; Zip Code PO Box 2045 Houston TX 77248 Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Consulting Date Payee name 1 Total pages report: 23 3 ACCOUNT # (ENVI) 7 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Consulting Date Payee name	
Ms. Ada Edwards 4 Date 01/03/2002 Planned Parenthood of Houston & SE Texas 6 Payee address; City; State; Zip Code 3601 Fannin Houston TX 77004 8 Purpose of expenditure (See instructions regarding type of information required.) Sponsorships Date 01/31/2002 Quantum Consultants Payee address; City; State; Zip Code PO Box 2045 Houston TX 77248 Purpose of expenditure (See instructions regarding type of information required.) Consulting Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sough	
O1/03/2002 Planned Parenthood of Houston & SE Texas 6 Payee address; City; State; Zip Code 3601 Fannin Houston TX 77004 8 Purpose of expenditure (See instructions regarding type of information required.) Sponsorships Date Payee name O1/31/2002 Quantum Consultants Payee address; City; State; Zip Code PO Box 2045 Houston TX 77248 Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sough Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sough	s Comาสรรเอก filers)
information required.) Sponsorships Date Payee name 01/31/2002 Quantum Consultants Payee address; City; State; Zip Code PO Box 2045 Houston TX 77248 Purpose of expenditure (See instructions regarding type of information required.) Consulting Candidate / Officeholder name Ollice sought	Amount (\$) 50.00
O1/31/2002 Quantum Consultants Payee address; City; State; Zip Code PO Box 2045 Houston TX 77248 Purpose of expenditure (See instructions regarding type of information required.) Consulting Complete if direct expenditure to benefit C/OH Candidate / Office holder name Office sough	
information required.) Candidate / Officeholder name Office sough Consulting	Amount (\$) 10000.00
Date Payee name	
01/31/2002 Reliant Energy Payee address; City; State; Zip Code P.O. Box 3765 Houston TX 77253	Amount (\$) 65.74
Purpose of expenditure (See instructions regarding type of information required.) Utilities Campaign HQ Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sough	
Date Payee name 04/04/2002 Sheila Savanah Payee address; City; State; Zip Code 3920 Cherly Lane Houston TX 77025	Amount (\$) 1500.00
Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sough	

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F 1 Total pages report: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Elhics Commission filers) 2 FILER NAME Ms. Ada Edwards Date 5 Payee name Amount 01/14/2002 Southwestern Bell 294.90 City; State; Zip Code 6 Payee address; P.O. Box 4699 Houston TX 77097-0075 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name information required.) Office sought Office held Utilities Campaign HQ Date Payee name Amount (\$) 01/22/2002 Southwestern Bell 294.90 City; State; Zip Code Payee address; P.O. Box 4699 Houston TX 77097-0075 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH *** information required.) Candidate / Officeholder name Office sought Office held Utilities Campaign HQ Date Payee name Amount (\$)

Purpose of ex information re Utilities Carr	• •	Complete if direct expenditure to benefit C/O Candidate / Officeholder name Office sou	
Date	Payee name		Amount (\$)
01/11/2002	Tamara Jones		560.00
	Payee address; City; State; Zip Co	de	
	935 Fugate		
	Houston TX 77009		

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Southwestern Bell

Payee address;

P.O. Box 4699

Reimb - Office Supplies

01/31/2002

Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought

Olfice held

547.82

xas Ethics Com	mission P.O.Box 12070 Austin, Texas 7	8711-2070	(512)463-5800	1-800-325-850
POLITI	CAL EXPENDITURES		\$	SCHEDULE F
The Instruction	on Guide explains how to complete this form.		1 Total pages report: 25	
FILER NAME			3 ACCOUNT #	Ethics Commission filers)
Ms. Ada Ed				 -
Date	5 Payee name		7	Amount (\$)
01/11/2002	Tamara Jones			558.57
	6 Payee address; City; State; Zip Code 935 Fugate			
	Houston TX 77009			
Purpose of exp information red Reimb - GOT	· ·	Complete if direct exp Candidate / Officeholder n		
Date	Payee name			Amount
01/22/2002	Tamara Jones			(\$) 1188.57
	Payee address; City; State; Zip Code 935 Fugate Houston TX 77009			
Purpose of ex information red Reimb - Office		Complete if direct exp Candidate / Officeholder r		
Date	Payee name	<u> </u>		Amount
01/31/2002	Tamara Jones Payee address; City; State; Zip Code 935 Fugate	•••••		(\$) 30.42
	Houston TX 77009			
Purpose of ex information re Reimb- Office	• •	Complete if direct exp Candidate / Officeholder	penditure to benefit C/ name Office s	OH ought Office held
Date	Payee name			Amount
01/31/2002	Tamara Jones			(\$) 65.64
	Payee address; City; State; Zip Code			
	Houston TX 77009			
Purpose of ex information re Reimb- Office		Complete if direct exp Candidate / Officeholder	penditure to benefit C/ name Office :	

POLI	TICAL	EXPEN	ITICI	IRFS
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The Instruction	ON GUIDE explains how to complete this form.	1 Tota 26	il pages report:
FILER NAME		3 AC	COUNT # (Ethics Commission filers)
Date	5 Payee name		7 Amount
01/31/2002	Tamara Jones		(\$) 11.13
	6 Payee address; City; State; Zip Cod		
	Houston TX 77009		
Purpose of exp information red Reimb- Offic		Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH ** Office sought Office held
Date	Payee name		Amount
01/31/2002	Tamara Jones		(\$) 58.45
	1		
	935 Fugate		
	Houston TX 77009		
Purpose of ex information re Reimb- Office	penditure (See instructions regarding type of quired.)	Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH •• Office sought Office held
information re	penditure (See instructions regarding type of quired.)		Office sought Office held Amount
information re Reimb- Offic	penditure (See instructions regarding type of quired.) se Supplies Payee name Tamara Jones	Candidate / Officeholder name	Office sought Office held Amount (\$) 12.91
information re Reimb- Office Date 01/31/2002	penditure (See instructions regarding type of quired.) Payee name Tamara Jones Payee address; City; State; Zip Cod 935 Fugate Houston TX 77009 expenditure (See instructions regarding type of equired.)	Candidate / Officeholder name	Amount (\$) 12.91
Date 01/31/2002 Purpose of exinformation re	penditure (See instructions regarding type of quired.) Payee name Tamara Jones Payee address; City; State; Zip Cod 935 Fugate Houston TX 77009 expenditure (See instructions regarding type of equired.)	Candidate / Officeholder name de Complete if direct expenditure	Amount (\$) 12.91 to benefit C/OH Office sought Office held
Date 01/31/2002 Purpose of exinformation re Reimb- Office	penditure (See instructions regarding type of quired.) Payee name Tamara Jones Payee address; City; State; Zip Cod 935 Fugate Houston TX 77009 Expenditure (See instructions regarding type of equired.) See Supplies	Candidate / Officeholder name de Complete if direct expenditure	Amount (\$) 12.91 to benefit C/OH Office sought Office held Amount (\$)
Date 01/31/2002 Purpose of exinformation re Reimb- Office	penditure (See instructions regarding type of quired.) se Supplies Payee name Tamara Jones Payee address; City; State; Zip Cod 935 Fugate Houston TX 77009 spenditure (See instructions regarding type of quired.) se Supplies Payee name Tamara Jones	Candidate / Officeholder name de Complete if direct expenditure Candidate / Officeholder name	Amount (\$) 12.91 to benefit C/OH Office sought Office held
Date 01/31/2002 Purpose of exinformation re Reimb- Office	penditure (See instructions regarding type of quired.) the Supplies Payee name Tamara Jones Payee address; City; State; Zip Code 935 Fugate Houston TX 77009 Expenditure (See instructions regarding type of equired.) The Supplies Payee name Tamara Jones	Candidate / Officeholder name de Complete if direct expenditure Candidate / Officeholder name	Amount (\$) 12.91 to benefit C/OH Office sought Office held Amount (\$)
Date 01/31/2002 Purpose of exinformation re Reimb- Office	penditure (See instructions regarding type of quired.) Payee name Tamara Jones Payee address; City; State; Zip Code 935 Fugate Houston TX 77009 Expenditure (See instructions regarding type of equired.) Payee name Tamara Jones Payee address; City; State; Zip Code 10 Code	Candidate / Officeholder name de Complete if direct expenditure Candidate / Officeholder name	Amount (\$) 12.91 to benefit C/OH Office sought Office held Amount (\$)

The Instructi	ON GUIDE explains how to complete this form.		1 Total pages re 27	port:
FILER NAM! Ms. Ada E			3 ACCOUNT	# (Ethics Commission filers)
Date	5 Payee name		7	
01/31/2002	Tamara Jones			(\$) 5.78
	6 Payee address; City; State; Zip Coo			
	935 Fugate			
	Houston TX 77009			
Purpose of ex information re Reimb- Ever		9 Complete if direct ex Candidate / Officeholder		t C/OH •• ice sought Office held
Data	I Payer game		<u></u>	Amount
Date	Payee name			(\$)
01/31/2002	Tamara Jones			11.91
	Payee address; City; State; Zip Co	de		
	935 Fugate			
	1			
	Houston TX 77009			
information re	xpenditure (See instructions regarding type of equired.)	Complete if direct ex Candidate / Officeholder		t C/OH · · · lice sought Office held
	xpenditure (See instructions regarding type of equired.)			
information re	xpenditure (See instructions regarding type of equired.)			fice sought Office held Amount
information re Reimb- Eve	kpenditure (See instructions regarding type of equired.) nt Expense	Candidate / Officeholder		fice sought Office held
information re Reimb- Eve Date	xpenditure (See instructions regarding type of equired.) nt Expense Payee name	Candidate / Officeholder		Gice sought Office held Amount (\$)
information re Reimb- Eve Date	penditure (See instructions regarding type of equired.) nt Expense Payee name Tamara Jones	Candidate / Officeholder		Gice sought Office held Amount (\$)
information re Reimb- Eve Date	penditure (See instructions regarding type of equired.) nt Expense Payee name Tamara Jones Payee address; City; State; Zip Co	Candidate / Officeholder		Gice sought Office held Amount (\$)
Date 01/31/2002 Purpose of exinformation re	penditure (See instructions regarding type of equired.) Int Expense Payee name Tamara Jones Payee address; City; State; Zip Cog 935 Fugate Houston TX 77009 Expenditure (See instructions regarding type of	Candidate / Officeholder	r name Of	Amount (\$) 29.23
Date 01/31/2002 Purpose of exinformation re	payee name Tamara Jones Payee address; City; State; Zip Co 935 Fugate Houston TX 77009 Expenditure (See instructions regarding type of equired.)	Candidate / Officeholder	r name Of	Amount (\$) 29.23
Date 01/31/2002 Purpose of einformation re Reimb - Vol	rependiture (See instructions regarding type of equired.) Int Expense Payee name Tamara Jones Payee address; City; State; Zip Cogste Houston TX 77009 Expenditure (See instructions regarding type of equired.) Fayee name Tamara Jones Payee name Tamara Jones	Candidate / Officeholder ode Complete if direct es Candidate / Officeholde	r name Of	Amount (\$) 29.23
Date O1/31/2002 Purpose of exinformation re Reimb - Vol	rependiture (See instructions regarding type of equired.) Int Expense Payee name Tamara Jones Payee address; City; State; Zip Cogste Houston TX 77009 Expenditure (See instructions regarding type of equired.) Fayee name Tamara Jones Payee name Tamara Jones	Candidate / Officeholder ode Complete if direct ex Candidate / Officeholder	r name Of	Amount (\$) 29.23 iit C/OH ** flice sought Amount (\$)
Date O1/31/2002 Purpose of end information received and Poster Date	rependiture (See instructions regarding type of equired.) Int Expense Payee name Tamara Jones Payee address; City; State; Zip Cogste Houston TX 77009 Expenditure (See instructions regarding type of equired.) Fayee name Tamara Jones Payee name Tamara Jones	Candidate / Officeholder ode Complete if direct ex Candidate / Officeholder	r name Of	Amount (\$) 29.23 iit C/OH ** flice sought Amount (\$)
Date O1/31/2002 Purpose of ending information reference information reference Date	rependiture (See instructions regarding type of equired.) Int Expense Payee name Tamara Jones Payee address; City; State; Zip Cogst Payee name Tamara Jones Payee address; City; State; Zip Cogst Payee address; City; City; City; City; City; City; City; City;	Candidate / Officeholder ode Complete if direct ex Candidate / Officeholder	r name Of	Amount (\$) 29.23 iit C/OH ** flice sought Amount (\$)

The Instruction	on Guide explains how to complete this form.		1 Total pages rep 28	port;
2 FILER NAME Ms. Ada Ed			3 ACCOUNT	# (Ethics Commission (ilers)
4 Date 01/31/2002	5 Payee name Tamara Jones 6 Payee address; City; State; Zip Code 935 Fugate Houston TX 77009		7	Amount (\$) 18.51
information red Reimb - Rep	· · · · · · · · · · · · · · · · · · ·	9 Complete if direct expe Candidate / Officeholder n		C/OH ** pe sought Ollice held
Date 01/31/2002	Payee name Tamara Jones Payee address; City; State; Zip Code 935 Fugate Houston TX 77009			Amount (\$) 5.52
Purpose of exp information red Reimb - Repi		Complete if direct expe Candidate / Officeholder n		C/OH •• ce sought Office held
Date 01/31/2002	Payee name Tamara Jones Payee address; City; State; Zip Code 935 Fugate Houston TX 77009			Amount (\$) 5.52
Purpose of exp information req Reimb - Repr	• •	Complete if direct expe Candidate / Officeholder n		C/OH ** le sought Office held
Date 01/31/2002	Payee name Tarnara Jones Payee address; City; State; Zip Code 935 Fugate Houston TX 77009			Amount (\$) 278.00
Purpose of exp information req Reimb - Posta	•	Complete if direct expe Candidate / Officeholder no		C/OH • • Ollice held

The Instruction	on Guide explains how to complete this form.		1 Total pages re 29	eport:
FILER NAME Ms. Ada Ed			3 ACCOUNT	# (Ethics Commission (liers)
Date	5 Payee name		-1	7 Amount
01/31/2002	Tamara Jones			(\$) 2 1 0.00
	6 Payee address; City; State; Zip Co			
	935 Fugate			
	Houston TX 77009			
Purpose of ex information red Reimb - Pos		9 Complete if direct exp Candidate / Officeholder		it C/OH ** (lice sought Office held
Date	Рауее пате	<u></u>		Amount
04/24/2002	Vivian Harris			(\$) 500.00
V-1/E-1/E006				500.00
	Payee address; City; State; Zip Co	000		
	Houston TX 77045-5410			
	xpenditure (See instructions regarding type of	Complete if direct ex		
Purpose of ex information re Contract Wo	xpenditure (See instructions regarding type of equired.)	Complete if direct ex Candidate / Officeholder		fit C/OH •• Office sought Office held
information re	xpenditure (See instructions regarding type of equired.)			Office sought Office held Amount
information re Contract Wo	cpenditure (See instructions regarding type of equired.) ork	Candidate / Officeholder	rname C	Office sought Office held
information re Contract Wo	cpenditure (See instructions regarding type of equired.) ork Payee name	Candidate / Officeholder	rname C	Office sought Office held Amount (\$)
information re Contract Wo	penditure (See instructions regarding type of equired.) ork Payee name Vivian Harris	Candidate / Officeholder	rname C	Office sought Office held Amount (\$)
information re Contract Wo	Payee address; City; State; Zip C	Candidate / Officeholder	rname C	Office sought Office held Amount (\$)
information re Contract Wo Date 04/24/2002	Payee name Vivian Harris Payee address; City; State; Zip C 13906 Regg Drive Houston TX 77045-5410 equired.)	Candidate / Officeholder	rname C	Amount (\$) 250.00
Date 04/24/2002 Purpose of eninformation re	Payee name Vivian Harris Payee address; City; State; Zip C 13906 Regg Drive Houston TX 77045-5410 equired.)	Candidate / Officeholder	rname C	Amount (\$) 250.00
Date O4/24/2002 Purpose of exinformation re Contract Wo	cpenditure (See instructions regarding type of equired.) Payee name Vivian Harris Payee address; City; State; Zip C 13906 Regg Drive Houston TX 77045-5410 Expenditure (See instructions regarding type of equired.) ork	Candidate / Officeholder	rname C	Amount (\$) 250.00
Date O4/24/2002 Purpose of exinformation re Contract Wo	Payee name Vivian Harris Poste Houston TX 77045-5410 Expenditure (See instructions regarding type of type address; City; State; Zip C 13906 Regg Drive Houston TX 77045-5410 Expenditure (See instructions regarding type of equired.) Ork Payee name Vivian Harris	Candidate / Officeholder ode Complete if direct ex Candidate / Officeholde	rname C	Amount (\$) 250.00 fit C/OH Amount Office held
Date O4/24/2002 Purpose of exinformation re Contract Wo	Payee name Vivian Harris Payee address; City; State; Zip C 13906 Regg Drive Houston TX 77045-5410 Expenditure (See instructions regarding type of equired.) Ork Payee name	Candidate / Officeholder ode Complete if direct ex Candidate / Officeholde	rname C	Amount (\$) 250.00 fit C/OH Amount Office held
Date O4/24/2002 Purpose of exinformation re Contract Wo	Payee name Vivian Harris Payee address; City; State; Zip C 13906 Regg Drive Houston TX 77045-5410 Expenditure (See instructions regarding type of equired.) Ork Payee address; City; State; Zip C	Candidate / Officeholder ode Complete if direct ex Candidate / Officeholde	rname C	Amount (\$) 250.00 fit C/OH Amount Office held

POLITICAL	EXPENDITURES
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The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report	:
FILER NAMI Ms. Ada E			3 ACCOUNT#	(Ethics Commission filers)
Date	5 Payee name	 _	7	Amount
05/09/2002	Vivian Harris			(\$) 500.00
	6 Payee address; City; State; Zip C			
	13906 Regg Drive			
	Houston TX 77045-5410			
Purpose of ex information re Contract Wo		9 Complete if direc Candidate / Officeh	t expenditure to benefit C/ older name Office	OH ' ' sought Office held
Date	Payee name			Amount
05/30/2002	Vivian Harris			(\$) 500.00
05/30/2002				000.00
	Payee address; City; State; Zip of 13906 Regg Drive	oode		•
	Houston TX 77045-5410 xpenditure (See instructions regarding type of	Complete if dire	ct expenditure to benefit C	/OH ••
information re Contract W	equired.)	Candidate / Officeh	older name Ollice	sought Olfice held
information re	equired.)	Candidate / Officef	older name Ollice	sought Office held Amount
information re Contract W	equired.) ork	Candidate / Officef	older name Ollice	sought Olfice held
information re Contract W	equired.) ork Payee name	Candidate / Officef	older name Ollice	Amount (\$)
information re Contract W	equired.) ork Payee name Youth Advocates	Candidate / Officef	older name Ollice	Amount (\$)
information re Contract W	equired.) ork Payee name Youth Advocates Payee address; City; State; Zip	Candidate / Officef	older name Ollice	Amount (\$) 250.00
information re Contract Wi Date 04/15/2002	Payee name Youth Advocates Payee address; City; State; Zip 4865 Gulf Freeway Houston TX 77023 expenditure (See instructions regarding type of required.)	Candidate / Officef	older name Ollice	Amount (\$) 250.00
Date O4/15/2002 Purpose of einformation re	Payee name Youth Advocates Payee address; City; State; Zip 4865 Gulf Freeway Houston TX 77023 expenditure (See instructions regarding type of required.)	Candidate / Officer	older name Ollice	Amount (\$) 250.00
Date 04/15/2002 Purpose of einformation re	Payee name Youth Advocates Payee address; City; State; Zip 4865 Gulf Freeway Houston TX 77023 expenditure (See instructions regarding type of required.)	Candidate / Officer	older name Ollice	Amount (\$) 250.00
Date O4/15/2002 Purpose of einformation re	Payee name Youth Advocates Payee address; City; State; Zip 4865 Gulf Freeway Houston TX 77023 expenditure (See instructions regarding type of required.)	Candidate / Officer	older name Ollice	Amount (\$) 250.00
Date 04/15/2002 Purpose of einformation re	Payee name Youth Advocates Payee address; City; State; Zip 4865 Gulf Freeway Houston TX 77023 expenditure (See instructions regarding type of required.)	Candidate / Officer	older name Ollice	Amount (\$) 250.00
Date 04/15/2002 Purpose of einformation re	Payee name Youth Advocates Payee address; City; State; Zip 4865 Gulf Freeway Houston TX 77023 expenditure (See instructions regarding type of required.)	Candidate / Officer	older name Ollice	Amount (\$) 250.00
Date 04/15/2002 Purpose of einformation re	Payee name Youth Advocates Payee address; City; State; Zip 4865 Gulf Freeway Houston TX 77023 expenditure (See instructions regarding type of required.)	Candidate / Officer	older name Ollice	Amount (\$) 250.00